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Implementing Innovative Mental Health Supports and Services at a Post-Secondary Institution

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Abstract

In 2020, the Government of Ontario published a report entitled *In It Together: Foundations for Promoting Mental Wellness in Campus Communities*. This document outlines that the priority of post-secondary institutions should be the health and well-being of students by ensuring that students receive the supports they need to be successful. Most importantly, the document outlines a community approach needed for students to access mental health supports and services on their campuses. Many post-secondary students are becoming increasingly aware of their own mental health needs prior to enrolling at university or college. This has resulted in a culture on post-secondary campuses that is quickly changing, as the mental health needs of students are becoming more demanding and diverse. Not only do students require access to traditional health services such as doctors, nurses and counsellors, but post-secondary institutions need to continually find innovative ways to address students' mental health challenges. This Organizational Improvement Plan (OIP) will explore a problem of practice (PoP) that asks the following: how can UniversityA can engage students, staff and faculty in supporting the mental health needs of students? To address the PoP, UniversityA will explore changes related to providing innovative student engagement, creative staff and faculty engagement, and a greater focus on diversity-related approaches to providing mental health supports to students. To address these changes, a combination of transformational, servant, adaptive, and distributed leadership approaches will be utilized to lead stakeholders and members of the change implementation team. Lastly, the next steps and future considerations will include funding dedicated to mental health, support for online students, and the continued development of a whole-community approach to support the mental health needs of students.

Keywords: post-secondary, mental health, access, diversity, peers, whole community

Executive Summary

Due to a commitment by universities and colleges to improve the delivery and availability of mental health supports and services, more students with mental health challenges have the opportunity to attend post-secondary education than in the past (Council of Ontario Universities, 2020). On most Ontario post-secondary campuses, traditional mental health services have historically been provided directly to students while they are enrolled. At UniversityA, mental health is seen as essential to students' academic and future professional success (Canadian Association of College and University Student Services & Canadian Mental Health Association, 2013).

For this OIP, traditional mental health services refer to doctors, nurses, and counsellors. Students have access to these services, which are funded by student fees, organization budgets, and government grants. Unfortunately, the demand for these services and supports continues to grow, with waitlists at UniversityA often exceeding three to five weeks to see a counsellor. Moving forward, post-secondary students should have "access to timely, effective, culturally relevant and flexible on-campus mental health care that responds appropriately to their needs" (Council of Ontario Universities, 2020, p. 2). This OIP will explore a PoP that asks how UniversityA can engage students, staff and faculty in supporting the mental health needs of students.

The mental health of post-secondary students is influenced by many factors, including the social determinants of health, which are the social and economic conditions that shape the lives of individuals (Canadian Mental Health Association, 2014). This OIP will use a social justice lens to explore the inequalities that negatively impact the mental health of students. Many post-

secondary institutions in Ontario are beginning to offer a range of supports to address student mental health, including wellness programming, crisis support, and culturally diverse services

For this OIP, UniversityA will explore four proposed solutions to address the problem of practice, including (1) a comprehensive peer-to-peer education and support group, (2) the creation of a faculty and staff professional development program to provide the resources to support student mental health, (3) a specialized diversity-related counselling and support system for marginalized and Indigenous students, and (4) the implementation of all three of the aforementioned solutions. Each of these solutions could help UniversityA cultivate a "campus culture focused on equity, diversity and inclusion that responds to the diverse student population and community" (Council of Ontario Universities, 2020, p. 10). These solutions help empower campus stakeholders to actively participate in addressing the mental health needs of students (CACUSS & CMHA, 2013).

The implementation of the proposed change at UniversityA could be seen as disruptive by the stakeholders involved, which can result in many potential challenges. These can include stigma related to accessing support from peers, staff and faculty saying that it is "not my job" to support the mental health needs of students, and not being able to provide diversity-related services that remain sensitive to the needs of all students (Heitzmann, 2011). As students attending post-secondary institutions are increasingly more diverse, "post-secondary institutions will continue to provide innovative ways for them to access mental health services, regardless of when or where they need support" (Council of Ontario Universities, 2020, p. 10).

To address the change process, the change implementation team will explore the use of four frameworks: 1) Lewin's Theory of Change (Lewin, 1943); 2) the Plan, Do, Study, and Act (PDSA) Model; 3) the Change Path Model (Cawsey, Deszca, & Ingols, 2016); and 4) the

Congruence Model (Nadler & Tushman, 1989). This OIP will utilize the System Change Model (Latham, 2014) and the Concerns-Based Adoption Model (CBAM) when monitoring and evaluating the change at UniversityA. When identifying and addressing potential issues, it will be important for the change leaders at UniversityA to listen to the needs of students, continually engage staff and faculty, and provide education on issues of diversity to the broader community.

After the successful implementation of this OIP at UniversityA, future considerations and next steps should include a "whole-community approach with clearly defined roles and responsibilities of government ministries, post-secondary institutions, student associations, health-care providers and community organizations" (Council of Ontario Universities, 2017, p. 2). Individual post-secondary institutions cannot meet this growing challenge alone and UniversityA should serve as a model for providing innovative mental health supports and services to students. This model involves all "stakeholders in a collective, shared responsibility for creating campus environmental conditions that support student learning and mental health" (CACUSS & CMHA, 2013, p. 8).

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Glossary of Terms

Circle of Care Model: A group of healthcare employees providing treatment to a patient.

Faculty: Individuals who are the teaching staff at a post-secondary institution.

Health & Wellness Centre: A health service for post-secondary students that focuses on providing medical care, including access to doctors, nurses, and counselors.

Non-Traditional Mental Health Support: Innovative approaches to providing mental health supports and services that are non-clinical and/or specialized.

Staff: Individuals who work in administration or non-faculty academic units at a post-secondary institution.

Stakeholders: Individuals or groups having an interest or concern and connected to an institution or organization.

Strategic Mandate Agreement: An agreement between the Ontario Ministry of Advanced Education and Skills Development and a post-secondary institution to outline the institutions unique role in Ontario's post-secondary education system.

Students: Individuals enrolled in undergraduate or graduate classes at a post-secondary institution.

Student Associations: The official representation of undergraduate and graduate students at a post-secondary institution.

Traditional Mental Health Support: Supports and services available to students at most post-secondary institutions, including doctors, nurses, and counseling support.

Whole Community Approach: A holistic approach where the post-secondary institution and community come together to provide more comprehensive support to students (Beckett, Bertolo, MacCabe, & Tulk, 2018).

List of Acronyms

CACUSS	Canadian Association of Colleges and University Student Services
CBAM	Concerns-Based Adoption Model
CMHA	Canadian Mental Health Association
NCHA	National College Health Assessment
OIP	Organizational Improvement Plan
PDSA	Plan-Do-Study-Act
PoP	Problem of Practice

Chapter 1: Introduction and Program

Attending a post-secondary institution, such as a university or a college, can be a stressful time for students (Dyson & Renk, 2006). While universities and colleges aim to educate students, current structures in place to provide mental health services and supports do not always meet the needs of students (Goodman, 2017). Traditionally, due to the health and wellness concerns faced by students, post-secondary institutions in Ontario have provided services to address mental health through traditional health and wellness centres and other wellness programming.

When providing mental health services on campuses, post-secondary institutions have been forced to take on the majority of responsibility in treating and caring for students, despite being under-funded and not designed to provide extensive mental health services (Beckett, Bertolo, MacCabe, & Tulk, 2018). For many students, addressing their personal health and well-being within the health care system can be challenging (Ontario University and College Health Association, 2017). While at university or college, it is important that students have access to services at their institutions, as this could improve their health and academic success both during and after their studies (Ontario University and College Health Association, 2017).

In this chapter, this organizational improvement plan (OIP) will explore the organizational context of UniversityA, the authors leadership position and lens statement, and the problem of practice (PoP). After framing the PoP, this chapter will explore two guiding questions that have emerged from the PoP, and the leadership-focused vision for change. To end the chapter, this OIP will review UniversityA's readiness for change.

Organizational Context

Many post-secondary institutions, including UniversityA, are seeing an increased demand for student mental health services and supports. Although most universities and colleges have an academic focus, there are greater expectations to meet the health-related needs of students, and this often results in strained campus mental health supports and services (Council of Ontario Universities, 2020). This section will explore the organizational context of UniversityA, including its organizational structure, stakeholder groups, strategic vision, and conceptual framework.

UniversityA is a mid-sized university in Ontario, with a focus on student satisfaction, academic excellence, and community impact. UniversityA is a multi-campus institution that supports approximately 3000 undergraduate and graduate students. UniversityA has four academic departments, including liberal arts, humanities, social work, and business. The students at UniversityA are predominately from Ontario, with a small percentage of international students. At UniversityA, academic program development is driven largely by community demand, with community and business organizations providing student experiential learning opportunities (i.e., co-op) and community service-learning placements to integrate students into the community. These partners have helped to create strong partnerships between UniversityA and its surrounding community.

Funding for student health and wellness services and supports at UniversityA are provided through three different avenues: (1) student fees; (2) funding from UniversityA; and (3) government grants. For new programs, a funding request would be provided to UniversityA, and if approved, a request to match that funding would be made through student fees. This approach results in the majority of programs and services being funding in a 50/50 model of student fees and funding from UniversityA. Government grant funding, from the Province of Ontario, has

recently included increased funding for campus-based mental health services and supports (Council of Ontario Universities, 2020).

UniversityA has continually made the health and wellness of students a priority, and the funding allocated to programs and services has supported that priority. There is increasing evidence that investing in mental health programs can help prevent mental illnesses, and investments to strengthen the post-secondary mental health system will enable students to fully participate in all aspects of life (Mental Health Commission of Canada, 2016). By providing the necessary programming for health and wellness services at UniversityA, students will have better access to the mental health supports they need to be successful.

As an institution, UniversityA believes strongly in a transformational leadership experience, a servant leaders' approach to providing services, and the positive impact of an overall comprehensive academic experience. The richness of the student experience is enhanced by community partnerships, where both the university and the student associations continually embrace innovative approaches. This approach has led UniversityA to develop a health and wellness centre that utilizes a circle of care model to integrate clinical and mental health support services, counselling, and education programming. The aim of this programming is to foster student involvement and engagement (UniversityA, 2017).

As a leader at UniversityA, I have utilized both an adaptive and a distributed leadership approach when working with stakeholders. Adaptive leadership allows leaders the opportunity to "grapple with the most significant and persistent problems of our time and potentially achieve real change" (Johnson-Kanda & Yawson, 2018, p. 1). Distributed leadership, meanwhile, involves the leadership of an organization of action, which is "dispersed among some, many, or

maybe all of the members" (Gronn, 2002, p. 429). Both of these leadership approaches will be explored throughout this OIP.

Informing this OIP is work that has already begun at UniversityA's health and wellness centre involving both the circle of care model and the use of a stepped care model of service. The stepped care model "represents a model for rationally distributing limited mental health resources to maximize the effectiveness of services based on the needs of all students" (Cornish et al., 2017, p. 428). This innovative practice is designed to address wait times for traditional health and wellness services, with a goal of improving access to supports for students (Cornish et al., 2017). For the purpose of this OIP, innovation at UniversityA will be defined as "strategies for mental health supports and programming that provide a wide variety of services, while increasing access points for students seeking support" (Council of Ontario Universities, 2020, p. 7).

In the MacLean's University Rankings (2019), UniversityA finished high in overall student satisfaction, but scored considerably lower in student health and wellness supports. These findings highlighted the strong reputation of student engagement, while also showing critical gaps in the mental health services provided to students. After surveying students, it was determined that a more holistic campus and community approach to mental health was required to support all students' needs. This includes services that could be made available by using a 'whole of community' model, rather than the current model of service that is more traditionally seen on university and college campuses (Beckett et al., 2018). After being ranked high in student satisfaction, it was difficult to convince senior leadership that change was needed. Nevertheless, it was important that UniversityA make the necessary changes and adapt to meet the needs of students.

Organizational structure. As a senior non-academic leader in the student affairs department at UniversityA, who oversees all health and wellness services, wellness education, and wellness support, I am concerned about the current state of mental health supports and services, particularly the ability for all students to access the care they require. UniversityA's organizational structure allows my role to have direct oversight of all student health and wellness services and supports, while also having the ability to implement organizational and structural change (Figure 1). As a senior leader, my ability to influence and empower change is outlined in my direct reporting structure, which includes student support, student conduct, and student wellness.

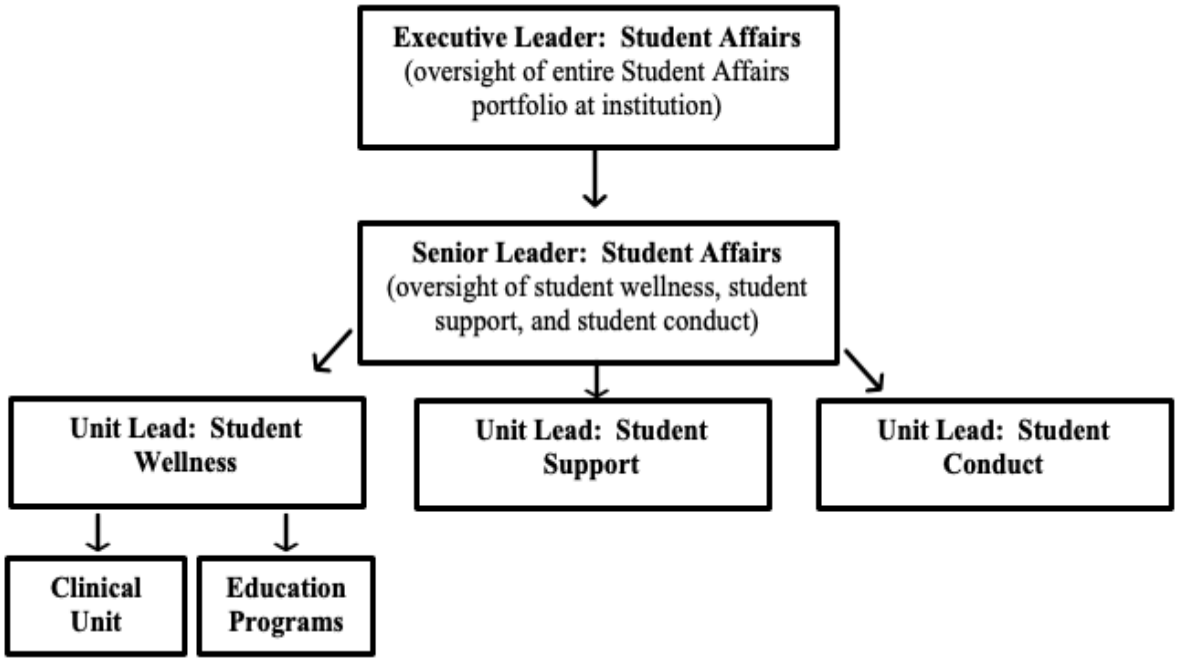

Figure 1. Organization Structure: UniversityA – Student Affairs.

To ensure successful mental health services and supports at post-secondary institutions, it is important to involve stakeholders. It is critical that stakeholders work together to provide

resources and support for students. At UniversityA, the stakeholders include students, staff, and faculty (Table 1).

Table 1

Post-Secondary Stakeholders – Descriptions and Impact

Stakeholder:	**Description:**	**Impact:**
Students	Individuals enrolled at post-secondary institutions.	The main recipient of services and supports provided by the post-secondary institutions.
Staff Member	Employed by post-secondary institutions to provide administrative services to students.	Often the first point of contact for students inquiring about services and supports at post-secondary institutions.
Faculty Member	Employed by post-secondary institutions to provide academic services to students.	Often the first point of contact for students inquiring about services and supports at post-secondary institutions.

All stakeholders at UniversityA have a role to play when addressing the mental health needs of students. As the stakeholders accessing services at UniversityA, access to mental health supports and services is an important issue for students. It is critical that students, staff, and faculty advocate together for comprehensive mental health supports and services that can be accessed by all students at UniversityA.

Organizational strategy. The development of a post-secondary environment that promotes mental health and wellbeing has the potential to benefit student learning, health, and overall student success (MacKean, 2011). At UniversityA, the organizational strategy focuses on creating a campus environment that supports the overall wellbeing of students through innovative approaches to providing mental health supports and services.

UniversityA's conceptual framework (Figure 2) focuses on the health and wellness of students as a foundational priority for UniversityA, which has resulted in support from traditional

approaches to mental health. Due to the political, economic, social, and technological barriers faced by students and post-secondary institutions, the development of innovative approaches to mental health are needed to ensure all students have access to improved supports and services.

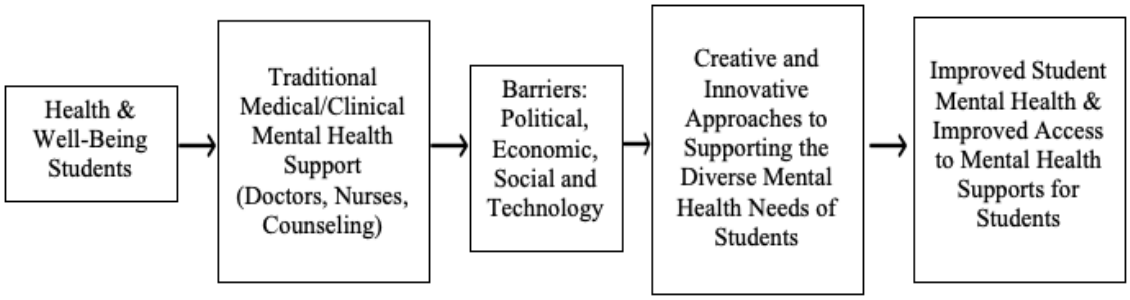

Figure 2. Conceptual Framework.

For all students to flourish throughout their post-secondary experience, campus communities must foster a healthy, supportive, and inclusive educational environment (Perez, Murphy, & Gill, 2014). Within the organizational strategy at UniversityA, Figure 2 outlines that overcoming barriers will provide an opportunity to create an environment of improved student mental health and improved access to supports and services. Those potential barriers include political barriers, economic barriers, social barriers, and technological barriers. These barriers will be addressed throughout this OIP.

As outlined in Figure 1, in my role as a senior leader, I have direct oversight and management of the student wellness portfolio, which includes both the clinical units and the education programs at UniversityA. This departmental oversight provides me the ability to work with all stakeholders to influence and implement change. The organizational context, structure, and conceptual framework provides important and relevant information about UniversityA. My

role within UniversityA will continue to be explained by exploring my leadership position and lens statement.

Leadership Position and Lens Statement

As a senior, non-academic student affairs leader at UniversityA, my career in student affairs has included work in residence life, student engagement, student conduct, student equity, and student health and counselling. At most post-secondary institutions, student affairs staff support students academically and personally, which includes helping students adjust to life at a post-secondary institution and develop job-ready skills (Makoni, 2016). As it relates to health and wellness services, student affairs departments at post-secondary institutions are beginning to focus on community-wide interventions, while continuing to work towards a "caring and engaging institutional context, and a focus on promoting help-seeking behaviors as well as doing targeted intervention" (Schreiber, 2018, p. 121). As a leader at UniversityA, I have made it a priority to continually encourage innovative supports and services that can positively impact the health and wellness of students.

Personal leadership position statement. Throughout Ontario, many of my student affairs colleagues view their roles as helping to facilitate a transformational process that inspires stakeholders to accomplish more than is usually expected of them. They also view their roles as improving the current state of mental health supports and services and the ability for all students to access care (Northouse, 2016). When reflecting on my work experiences, academic learnings, and personal leadership journey, I aspire to be a transformational leader who utilizes the servant leadership model. My personal leadership statement articulates my organizational power and influence as a senior leader in student affairs at UniversityA, and my core values. My core

values include respect, social justice, community, and creativity. All of these core values are reflected in how I view myself as a leader and will be embedded throughout this OIP.

As a transformational leader, I value the strong relationships created with the people around me, while working with those individuals to ensure that students, staff, and faculty feel connected to the overall values and vision of UniversityA (Alvesson & Spicer, 2011). Burns (1978) believed that transformational leaders typically have the ability to inspire confidence and communicate loyalty through a shared vision, while also strengthening employee morale and job satisfaction. Greenleaf (1970) believed that as a servant leader, individuals have a responsibility to be concerned about those who may be less privileged. Incorporating the values of servant leadership has been an important aspect of my leadership journey and has directly influenced how I provide support to students in my current role.

When implementing change at post-secondary institutions, it is important to consider which lens is appropriate for the variety of stakeholders that will be impacted by an organizational change. When considering all the stakeholders involved, it is critical that this OIP and PoP are explored through four different theoretical frameworks. These include a feminist lens, a critical theory lens, an Indigenous lens, and a social justice lens. I will view the impact of each theoretical framework as it relates to mental health supports and services at UniversityA.

Feminist lens. Feminist theory presents a system of ideas from a woman-centered perspective (Lengermann & Neibrugge-Brantley, 1990). On post-secondary campuses, students should be able to access gender-based mental health services and supports that are timely, effective, flexible, and safe (Beckett et al., 2018). Unfortunately, health-intervention research has not been transformed by feminist studies, although feminist health-intervention research has been transformative when implemented within organizations (Mens-Verhulst, 1998). It is

important to clarify that feminist theory does not only focus on women's issues, but on ways to challenge a societal system that disadvantages or devalues women (Ransdell, 1991). For this OIP, elements of feminist theory, including a gender-based approach to implementing mental health supports and services, may be utilized, but it will not be the focus of change at UniversityA.

Critical theory lens. Critical theory denotes a school of academic thought which challenges dominant ways of exploring and explaining organizational phenomena. A key theme of critical theory is to destabilize dominant modes of understanding by surfacing underlying assumptions and rendering power relations explicit (Scherer, 2009). Harney (2014) states that critical theory seeks to expose the domination, control, and suppression that hides behind that which at first appears neutral, progressive, and necessary. As it relates to mental health supports and services at post-secondary institutions in Ontario, that domination and control could be linked to regulations provided by the provincial government. Although this is not a lens that will guide this OIP, it is important to explore how dominant ways of thinking on post-secondary campuses have impacted the history of access to mental health supports and services.

Indigenous lens. Indigenizing health and counselling processes are necessary on post-secondary campuses as many believe that 'Western' style counselling and wellness delivery serves no relevance to Indigenous students, who have different cultural experiences. In this respect, the Truth and Reconciliation Committee highlights the importance of cultural competency training for all healthcare professionals (Bathish et al., 2017). Post-secondary institutions should focus on collaborative, culturally safe services that integrate clinical approaches with traditional Indigenous healing to best support Indigenous students (Maar et al., 2009). Although an Indigenous lens is important to ensure that mental health professionals are

prepared to engage with the concerns of Indigenous students, it is too narrowly focused to be the appropriate lens for this OIP (Perez et al., 2014).

Social justice lens. Social justice involves the fair and equitable distribution of power, resources, and obligations in society to all people, regardless of race and ethnicity, age, gender, ability status, sexual orientation, or religious and spiritual background (Van den Bos, 2003). Using a social justice lens involves the fundamental principles of equity, inclusion, collaboration, cooperation, equal access, and equal opportunity (Van den Bos, 2003). A crucial link exists between social justice and overall health and wellbeing, as the absence of justice often represents increased physical and emotional suffering as well as greater vulnerability to illness for many people (Hage, 2005).

At UniversityA, social justice is directly related to student equity, diversity, and accessibility of mental health supports and services. The Canadian Mental Health Association (2014) has stated that equity and mental health often intersect, such as when students experience mental health issues and additional inequalities including marginalization and homophobia. For this OIP, it is important that UniversityA acknowledge that equity issues impact student mental health in order to work towards providing a fair distribution of resources for all students as it relates to health and wellness supports. With a focus on social justice, this OIP will aim to increase better access to health and wellness supports and services, increase collaboration among all members of the institution, and provide improved processes to effectively engage and support all stakeholders.

This section explored a leadership position focused on transformational and servant leadership, while also viewing my organizational context through a feminist lens, critical theory lens, Indigenous lens, and social justice lens. Although aspects of each lens would be beneficial

to stakeholders at UniversityA during the proposed change process, the social justice lens makes access, diversity, and the distribution of resources a priority. These aspects are critical to successful change at UniversityA. By addressing UniversityA's organizational context, my leadership approaches and the social justice lens, the next sext section will explore the proposed PoP for this OIP.

Leadership Problem of Practice

Post-secondary students are faced with many challenges and stressors as they adapt to their new post-secondary environment, including a larger academic workload and increased independence (Bray & Kwan, 2006). Currently at UniversityA, students are provided with traditional health and wellness supports such as doctors, nurses, and counsellors. Unfortunately, "students continue to face long wait times for mental health services, both on campus and in the community, which has placed increased pressure on post-secondary institutions and campus service providers" (Council of Ontario Universities, 2020, p. 3). Influencing the PoP is the belief that post-secondary institutions need to think beyond the current state of campus health services and adapt their services to the future needs of students (Council of Ontario Universities, 2017). This needs to be a commitment from all stakeholders at UniversityA, including students, staff, and faculty.

There are barriers to accessing mental health supports and services for students. Health and wellness staff members have noted that the demands on services have dramatically outpaced the capacity of available mental health care systems (Schwartz & Kay, 2009). Largely because of staffing limitations and short-term care models, campus wellness services are restricted to brief therapy options, strictly limited psychiatric services, and referrals to off-campus community providers for longer-term intensive treatment (Heitzmann, 2011). Meanwhile, faculty and staff

feel ill-equipped to address the mental health needs of students and are often unaware of how to best support and/or triage students in need (Council of Ontario Universities, 2017). As the demand for mental health supports continues to grow on post-secondary campuses, all stakeholders at UniversityA recognize that more support for students is needed. To address these concerns, the PoP for the OIP asks the following question: how can UniversityA engage students, staff and faculty in supporting the mental health needs of students?

Post-secondary students are ready for change to continually meet their own wellness needs (Council of Ontario Universities, 2017). As the demographics of students attending post-secondary education continue to change and become more diverse, "institutions will continue to provide innovative ways for them to access mental health services, regardless of when or where they need support" (Council of Ontario Universities, 2020, p. 10). Overall, an understanding of mental health needs and challenges across Ontario campuses is lacking. It is critical that post-secondary institutions are aware of the barriers to services in order to address the stigma of mental health and employ innovative ways to address them (Ng & Padjen, 2018). This PoP will focus on a post-secondary environment at UniversityA where students have access to mental health supports and services that respond appropriately to their needs (Council of Ontario Universities, 2020).

Framing the Problem of Practice (PoP)

This section will explore the PoP in more detail, including a historical overview, organizational theories and frameworks, and recent literature related to mental health supports and services on post-secondary campuses. A political, economic, social, and technological (PEST) analysis will then explore the factors associated with the PoP. This section will conclude by reviewing relevant internal and external data as it relates to the proposed PoP.

Historical overview. Traditionally, when post-secondary institutions were treating mental health issues of students, services and resources were primarily housed in an integrated student wellness centre, and students had access to one location where their health and wellbeing could be addressed (Perez et al., 2014). Unfortunately, post-secondary health and wellness centres have observed an increase in the complexity of mental health illnesses in students accessing supports, and staff have identified the comorbidity of mental illnesses as one reason for the increasingly challenging nature of their caseloads (Cooke & Huntley, 2015). This may be related to increased numbers of non-traditional groups on campus (e.g., students with disabilities, mature students), increased complexity of health and mental health issues, and/or a greater willingness to report mental health concerns and seek treatment (Hunt & Eisenberg, 2010). Regardless of the cause, traditional mental health services are not able to keep pace with the growing concerns and numbers of students accessing support on postsecondary campuses, including at UniversityA.

Organizational theories and frameworks. The dominant ideology of student affairs at UniversityA focuses on ensuring students are academically successful by supporting their safety, health, and wellbeing. This dominant ideology is reinforced by theories that focus on frameworks of social justice, indigeneity, and equity-related frameworks. Mental health services on many campuses are often trying to cater to students from various backgrounds, cultures, genders, and identities. With the needs of students varying significantly, the current service offerings on campuses are not meeting the mental health needs of all students (Cribb, Ovid, Lao, Bigham, 2017).

By focusing on social justice at UniversityA, stakeholders can ensure that equity becomes a priority when developing new programs and services for students. UniversityA aims to create

a culture where all students feel engaged and included, and thereby embrace the values of equity, diversity, and inclusion. By providing more resources for students, staff, and faculty that address issues of equity and social justice, UniversityA can create better programs and services that overcome systematic barriers to student participation (CACUSS & CMHA, 2013)

Recent literature. Attending a university or college represents a crucial time in the lives of many students, and as post-secondary enrolment rates continue to rise, so does the presence of mental health issues and the need for both comprehensive and innovative services and supports (Cleary, Walter, & Jackson, 2011). As students are experiencing increased mental health concerns, it is the responsibility of post-secondary institutions to promote and address overall wellbeing (Perez et al., 2014). Unfortunately, much of the focus on addressing mental health concerns on campuses has centered on traditional health supports, rather than on an interest in evolving student support and development opportunities (Randazzo & Cameron, 2012). During this transition to post-secondary education, when students are exposed to new stressful situations like added academic and personal pressures, they must learn to manage these demands or suffer possible social and academic consequences (Andrews & Wilding, 2004).

In addition to the rise in mental health problems, traditional health and wellness centres have also been experiencing a sharp increase in the demand for counselling services (Ng & Padjen, 2018). Some students are unwilling to seek psychological help because of the perceived stigma associated with disclosure of mental health problems, but others claim that the lack of availability of mental health services in traditional clinical settings keeps them from getting the help they need (Prieto-Welch, 2016). Due to the diversity of students attending these institutions, it is also evident that cultural diversity presents a challenge in providing supports that remain sensitive to each student's background (Ng & Padjen, 2018). General practitioners

and other primary care workers need to be educated to better engage young people, recognize mental and substance use disorders, and deliver simple treatments effectively (Patel, Flisher, Hetrick, & McGorry, 2007).

PEST Analysis. To meet the increasing mental health demands of students, health and wellness centers often fall short of what is needed to support students. Because of staffing limitations, they have waiting lists for routine counselling appointments (Heitzmann, 2011). The demands on services have dramatically outpaced the capacity and rate of growth of available mental health care systems. Consequently, a new approach to providing mental health services is desperately needed (Schwartz & Kay, 2009). As a result, political, economic, social, and technological (PEST) barriers to accessing services and supports are critical issues that need to be addressed (Heitzmann, 2011).

Political factors. The World Health Organization, World Bank, and government leaders worldwide have identified mental health and wellbeing as priority areas. It has been widely recognized that mental health is a critical component of an individual's overall health and wellbeing, and mental health services should be as readily accessible as other traditional physical health services at all institutions (Perez et al., 2014). Within the post-secondary sector, the need for government to clearly define the roles and responsibilities for addressing student mental health is critical (Beckett et al., 2017). From a political standpoint, there is a direct link between the roles of community-based healthcare agencies and the work being done on post-secondary campuses.

Post-secondary students have requested that the government provide training for wellness service providers on the needs of marginalized groups, longer term care for students, and that the Ontario government work with institutions to ensure the continued availability of specific health

services (Perez et al., 2014). Bathish et al., (2017) state that the Ontario government should commit to incorporating non-traditional health and wellness practices on Ontario university and college campuses. This includes having Indigenous methods of healing available at each institution, along with developing culturally based crisis intervention and suicide prevention strategies for Indigenous youth. Overall, students believe that the government has a responsibility to help them develop necessary mental health skills by providing support, legislation, and funding for innovative mental health strategies on campuses (Beckett et al., 2018).

Economic factors. Although there have been recent investments in post-secondary funding for mental health supports and services from the Ontario government, there are always competing financial interests in education, and student services are not always a priority (Beckett et al., 2018). Students are often called upon to subsidize the operation of certain services, spaces, or activities on post-secondary campuses through student fees when the required funding from the government or institution is not available (Perez et al., 2014). Unfortunately, funding streams for mental health services on post-secondary campuses are often put together from OHIP, student fees, and institutional funds, and as a result, students do not always get the care they need (Ontario University and College Health Association, 2017).

Across all universities and colleges, students have expressed concern that financial barriers are continuing to prevent them from receiving the mental health care they need (Beckett et al., 2018). Mental health systems are often under-funded and under-developed, yet mental health problems not only have significant consequences for quality of life, but they contribute to continued economic burdens and reinforce poverty for many individuals (Knapp et al., 2006). Due to the lack of targeted support, post-secondary students have recommended dedicated

funding for community-based mental health providers to supply culturally relevant and diverse counselling on campuses (Beckett et al., 2018). Although it is important to continue to provide funding for traditional health and wellness centres on post-secondary campuses, it is equally important to provide funding to explore new ways to provide accessible mental health services and supports for students.

Social factors. Many mental illnesses begin to appear at the same time as students enter post-secondary institutions (Massey et al., 2014). Every post-secondary student brings with them historic and societal differences as it relates to gender, race, religion, health status, and socioeconomic status. To best support as many students as possible, mental health services on post-secondary campuses attempt to cater to students from various backgrounds, cultures, genders, and identities. Nevertheless, the needs of students can vary significantly, and the current offerings on campuses are not always addressing the mental health needs of each student (Cribb et al., 2017). It is important that universities and colleges acknowledge the social factors that each student is experiencing and explore new ways to meet the mental health needs of all students, regardless of their differences.

For many post-secondary students, accessing mental health supports can be extremely difficult, but for members of ethnic and racial minority groups, it can be even more challenging. The path to treatment for marginalized students is often blocked by cultural views of mental illness, access to appropriate care, and a lack of research pertaining to non-white populations (Leong & Kalibatseva, 2011). Although post-secondary health and wellness centres attempt to meet the needs of all students, traditional support services are not always culturally appropriate and reflective of diverse cultural, linguistic, and traditional approaches (Beckett et al., 2018). Understanding social justice and the social factors expressed by all stakeholders as it relates to

mental health support and services is critical to understanding how to best implement a successful OIP at UniversityA.

Technological factors. There is a rise in online learning at Canadian colleges and universities, which means that the needs of students as it relates to mental health support and services are quickly changing. In 2018, one in five students in Canada were taking at least one online course, and more than two-thirds of all Canadian post-secondary institutions were offering online course for credit (Canadian Digital Learning Research Association, 2018). Additionally, eight percent of all course registrations in Canada were fully online (Canadian Digital Learning Research Association, 2018), which means that those students were not physically on a campus where they could directly access mental health supports and services. Many post-secondary students move in and out of their campus community, either on a co-op placement, a work-integrated learning opportunity, or an online course that limits their access to campus (Beckett et al., 2018). With the growth of online courses and specifically the proportion of students who are only taking online courses, post-secondary institutions need to adapt their services to cater to students who are not always physically on campus and thereby unable to access traditional health and wellness services.

When exploring how technology can better support campus health and wellness centres, the province should invest in better ways to refer students to community mental health resources (Beckett et al., 2018). Some universities and colleges are investigating system-wide provisions of care through online software and programs to connect students with mental health services, which can address the needs of students who cannot access traditional health and wellness centres on campuses. To better connect with students, post-secondary institutions could expand the use of electronic communication, including an online messaging platform, and peer listeners

to better support students. To best address the ever-changing needs of students, it is important that post-secondary institutions utilize technology to effectively support the mental health and well-being of students.

Relevant internal and external data. Many post-secondary institutions participated in the 2013 National College Health Assessment (NCHA) survey, which showed that 20.5% of post-secondary students in Canada reported feeling hopeless in the two weeks prior to taking the survey; 12.8% reported feeling so depressed it was difficult to function, and 5.9% of students had considered committing suicide in the last 12 months (American College Health Association and National College Health Assessment, 2013). In 2013, nearly 35% of undergraduates said they had used the on-campus mental health services or counselling at least once, and those accessing services also shared that the average wait time for a counselling appointment ranged from seven days to one-three months depending on the time of year and subsequent demand (Perez et al., 2014). Utilizing both internal and external data related to the National College Health Assessment survey provides post-secondary institutions the data required to address concerns related to student mental health services and supports.

By framing the proposed PoP, UniversityA is well-positioned to address the mental health support and services available to students. Organizational readiness, environment factors, and internal and external data show a need to engage stakeholders, but a more comprehensive look at possible questions emerging from the PoP need to be reviewed. These questions will be proposed and explored in the next section.

Guiding Questions Emerging from the Problem of Practice

There is a recognition across Canadian post-secondary institutions regarding the importance of providing effective mental health services for students (Ng & Padjen, 2018).

Unfortunately, many university and college wellness center staff believe they do not have the resources or support to meet the needs of students presenting with significant mental health concerns (Kiracofe, 1993). As I reflect on the proposed PoP, two questions have emerged: (1) Will students use innovative approaches (which we will refer to as non-traditional approaches in this OIP) to mental health? (2) How will non-clinical staff and faculty be motivated to utilize resources and participate in wellness initiatives? These questions will be explored below.

Will students use non-traditional resources? In the early 1980s, Foster (1982) described the process of merging a traditional counselling center with a comprehensive student mental health unit and promoted the use of interdisciplinary teams to integrate different centers. More recently, post-secondary students are continuing to look for better integration of mental health services and resources and more flexibility in their care options (Perez et al., 2014). Although university health and wellness centers have limited resources to meet the mental health needs of students, it is important that post-secondary institutions continue to explore effective responses to the mental health needs of students (Blacklock, Benson, Johnson, & Bloomberg, 2003).

Engaging students in a traditional clinical setting often requires a particular style and skill, and this is often lacking on post-secondary campuses, meaning that substantial gaps exist when providing effective mental health care for students (Patel et al., 2007). Furthermore, with the number of non-traditional students (including marginalized students, students with disabilities, etc.) on post-secondary campuses increasing significantly over the past decade, it is not surprising that student demand for services continues to grow (Mowbray et al., 2006). This research contributes to the proposed PoP as I believe that students will utilize innovative non-

traditional approaches to complement the already existing traditional supports on post-secondary campuses.

How will non-clinical staff and faculty be motivated to utilize resources and participate in wellness initiatives? One of the main challenges that emerge from the PoP is that many stakeholders on post-secondary campuses believe that health and wellness services and supports should be focused in traditional health and wellness centres and do not have the energy, time, or expertise to be involved in mental health initiatives (Beckett et al., 2018). Additionally, some faculty and staff maintain that 'it is not my job' as rationale for distancing themselves from this critical role. Even though faculty and staff are in contact with students every day, they do not realize the importance of their role as a conduit for referrals to mental health supports and services (Heitzmann, 2011). All members of post-secondary institutions should understand the early warning signs of mental health issues and when and how to refer students to the appropriate campus resources (Blacklock et al., 2003). Additionally, all stakeholders should understand why UniversityA needs to continue to support the mental health of students, which will be outlined in more detail in the next section.

Leadership-Focused Vision for Change

When exploring the leadership-focused vision for change, this section will outline the current state and the future state of mental health supports and services at UniversityA. The priorities for change, including balancing stakeholder and organizational interests will also be explored. Lastly, this section will review the various change drivers at UniversityA, which include stakeholders, the political landscape, and ending the stigma of mental health.

Current state: Mental health framework. Traditional health and wellness centres, which are found on most post-secondary campuses, involve the integration of health and

counselling services as a core support available to students (Beckett et al., 2018). These traditional centres prioritize clinical support for students, and utilize doctors, nurses, and counsellors to provide both clinical and mental health support for students. With this approach, students are concerned that the uncoordinated efforts by campus and community partners to support students' mental health needs are creating greater confusion and strain on the system (Beckett et al., 2018). Students also believe that the lack of coordinated efforts towards satisfying their mental health needs is not currently being addressed in the post-secondary sector (Beckett et al., 2018).

At UniversityA, in the current, traditional model related to mental health support and services, there is a linear approach to how students engage with services. To access services, students need to first attend the campus health and wellness centre Monday through Friday, between the hours of 8:30 a.m.-4:30 p.m., which are the only hours of operation. Once students have booked an appointment (which can only be booked through the medical receptionist), students will see either a nurse, doctor or counsellor. After seeing a medical professional, students have the option of being referred to a nearby community health organization for additional support, or they can schedule another meeting at the campus health and wellness centre. Although many students find this approach successful, it neither addresses the inequities when accessing mental health supports nor does it meet the diverse needs of all students seeking support.

Future state: No wrong door and whole-community approach. On post-secondary campuses, Muckenhoupt (2000) suggests thinking outside of ways that traditional health and wellness centres operate and provide services to students. More specifically, the future state of mental health services and supports on post-secondary campuses should include a "no wrong

door" approach and a whole-community approach to providing mental health supports and services. The "no wrong door" approach implies that post-secondary students should be able to visit any faculty or staff member on campus, and that individuals should be able to provide support or information related to mental health. The whole-community approach outlines a more holistic approach where the campus and community come together to provide more comprehensive support to students (Beckett et al., 2018).

For post-secondary institutions, it is important to advocate for a "no wrong door" approach when providing access to mental health services, in an attempt to provide easy entry to services and to help students overcome barriers and stigma associated with mental health (Mowbray et al., 2006). Even when students do have access to services, they may lack comprehensive supports around their wants and needs, as mental health professionals are often narrowly focused around specific criteria (Council of Ontario Universities, 2017). Many post-secondary campuses may have multiple ways in which individuals request help for mental health services (e.g., counselling services, disability student services, Dean of Students Offices), and it is important that each service has the ability to triage students to the appropriate supports, thereby reinforcing a "no wrong door" approach.

Student mental health is an issue not just affecting post-secondary students, staff, and faculty, it is a societal issue with widespread impact. This is why it requires a whole-community approach that includes "government, health-care providers, post-secondary institutions, student associations and community agencies" (Council of Ontario Universities, 2017, p. 2). To best support students, services should be made available by using a whole-community model, rather than a campus model of service that is more traditionally seen on university campuses (Beckett et al., 2018). On post-secondary campuses a whole-community approach should incorporate all

stakeholders, while working to implement successful approaches to mental health supports and services.

Using a whole-community model, post-secondary institutions must offer a variety of options related to mental health services to respond to all students' needs, while also using partnerships to enhance the capacity of post-secondary institutions to offer effective services and supports for students (Council of Ontario Universities, 2017). Within post-secondary institutions, there is an emerging need to expand the dimensions of mental health interventions with what we name as a whole-community approach. This approach recognizes that communities are more than just post-secondary institutions, and that mental health supports should be within the critical domains of family, stakeholders, and community members (Khanlou & Wray, 2014).

Priorities for change: Balancing stakeholder and organizational interests. Health and wellness centres often face barriers related to service delivery and communication when developing innovative approaches to supporting students (Evans & Baker, 2012). When accessing health and wellness supports, stakeholders often have different experiences and expectations of healthcare delivery (Freeman, 1984). Those experiences help stakeholders refine their conception of change strategies by hearing the experiences of others, or while being engaged in similar change (Evans & Baker, 2012). By aligning stakeholder vision, strategy, and culture, organizations can help to remove barriers to change by improving the performance of those responsible for the delivery of health and wellness services on post-secondary campuses (Evans & Baker, 2012). To best implement the PoP and OIP, it will be critical to balance the competing interests of all stakeholders within the organization.

Change drivers: Political landscape and ending the stigma. In Ontario, the current provincial government is forcing universities and colleges to address a loss in revenue due to recent tuition cuts, while also eliminating the free-tuition program and cutting student fees (Rushowy, 2019). Although students understand that financial contributions are sometimes needed to support specific services that they require, there is often an "overreliance on user or student fees in the provision of health care services on Ontario campuses" (Perez et al., 2014, p. 16). In the current political landscape, whether it is in the form of a service, appointment, or student fee, students are paying for "access to health care on campus, which is a marked departure from the provision of care for many people in the broader community" (Perez et al., 2014, p. 16).

The literature on mental health supports and services on university and college campuses is extensive, including the growing literature related to non-traditional mental health supports and services that has been expanding during the last five to ten years. Most mental disorders begin during youth, specifically during the 18-24 post-secondary ages (Patel et al., 2007). Moreover, poor mental health is strongly related to other health and development concerns in young people, including lower educational achievements, substance abuse, and violence (Patel et al., 2007). Driving a need for change is the realization that there are problems with students accessing mental health services, and that may be a result of the stigma associated with mental health within society.

Due to the perceived stigma of mental health, some students are unwilling to seek support associated with disclosure of mental health problems (Prieto-Welch, 2016). Overall, an up-to-date understanding of mental health needs and challenges across post-secondary campuses is lacking and such information is a critical first step for institutions of higher education to be

aware of the barriers to services, address the stigma of mental health, and employ innovative ways to address them (Ng & Padjen, 2018). On a positive note, although there is still a lot of work to be done to end the stigma surrounding mental health, the stigma is not what it was a decade ago, as an awareness of mental health is becoming more widespread (Ng & Padjen, 2018). The integration of mental health services into health and wellness centres improves access to mental health services through the removal of stigma-related barriers, illustrating that physicians and mental health clinicians can work together to provide a better opportunity of ensuring a positive outcome for students (Tucker, Sloan, Vance, & Brownson, 2008).

Change drivers: Students, staff and faculty. On post-secondary campuses, students expect that their campuses will commit to health promotion, to be safe and secure, free from sexual violence, and cultures that actively address discrimination (Perez et al., 2014). Students expect post-secondary institutions to provide them with appropriate care, ensure that their education is successful, and promote positive health and wellness strategies to all incoming students (Perez et al., 2014). Staff and faculty members want to see students' success while at university and college and are often active participants in creating a supportive environment. As staff and faculty "develop a greater understanding and compassion for the circumstances of others, opportunities are created wherein individuals in need of assistance can be more sensitively approached and better supported" (Massey et al., 2014, p. 333). Staff and faculty can have a normalizing effect on mental health issues on post-secondary campuses, and that can foster a sense of inclusion among individuals who openly identify as experiencing mental health concerns (Massey et al., 2014). These change drivers will also influence the change readiness at UniversityA, which will be explored in the next section.

Organizational Change Readiness

Most post-secondary institutions demonstrate a readiness to change as the higher education landscape in Ontario is constantly changing. UniversityA has had success implementing organizational change, and the students are often eager to participate in change that best supports their well-being (Cawsey, Deszca & Ingols, 2016). Within the department of student affairs at UniversityA, there has been a history of departmental-wide change, and it is widely expected that all members will be active participants in the organizational change process (Fullan, 2006). Organizational readiness for change is determined by the previous change experiences of its members, the flexibility of its members, and the members' confidence in leadership (Cawsey et al., 2016).

As a senior non-academic leader, I realize that UniversityA is constantly changing, and that change can be chaotic. When planning for change, the stages are expected to be linear and straightforward, but the reality is that conditions can change in unanticipated ways and change leaders need to be able to adapt as they go (Cawsey et al., 2016). Based on the research on leadership (Johnson-Kanda & Yawson, 2018), it will be important to utilize my skills as an adaptive leader to address these new and challenging changes, and to continually adapt my approach to meet the needs of students, staff, and faculty. Tsoukas & Chia (2002) state that to "properly understand organizational change one must allow for emergence and surprise" (p. 568), outside of what had been initially planned.

Student readiness for change. At UniversityA, students are eager to see change that could positively impact their overall experiences, while also advocating to be involved in any change processes that impact their post-secondary experiences. In the past five years, students have been involved in many positive changes at UniversityA, including the creation of a

wellness education department, new staff training focused on sexual violence support, and the development of a new financial literacy specialist role. Each of these processes involved input from students from different backgrounds.

Staff and faculty readiness for change. At UniversityA, staff and faculty have been involved in numerous change initiatives over the last three to five years, and there is concern that they are beginning to lose confidence in senior leadership. To convince staff and faculty to recognize the need for change related to mental health services and supports, it will be important to develop trustworthy leadership, find capable champions, and create effective communication at all levels of the institution (Cawsey et al., 2016). The ability to engage and support students requires a particular style and skill, and this is often lacking without the proper training for stakeholders. Therefore, a substantial gap exists between efficacy and effectiveness in mental-health care for students (Patel et al., 2007).

As student mental health issues continue to rise and become more complex, post-secondary institutions are realizing the importance of utilizing staff and faculty in addressing these concerns (Sontag-Padilla et al., 2013). Considering that staff and faculty are often put into situations where they struggle to support the mental health needs of students, their readiness to change will be enhanced by building knowledge and capacity. This can be developed by increasing their mental health awareness to provide support for students with mental health challenges (Massey et al., 2014). Overall, it is important to provide staff and faculty with a deeper understanding of student mental health needs, supports, and services as they are often available to help support change on post-secondary campuses (Sontag-Padilla et al., 2013).

Dimensions related to readiness. UniversityA has recently created a new strategic plan, defining a clear vision of the institution's future. Unfortunately, UniversityA has difficulty

attracting and retaining change champions, and many people at UniversityA do not believe there are sufficient resources to support change. In Table 2, UniversityA's readiness for change is explored by reviewing previous change experiences, executive support, credible leadership and change champions, openness to change, readiness dimensions, rewards for change, and measures for change and accountability (Cawsey et al., 2016).

Table 2

Organizations Readiness for Change

Readiness Dimensions:	**UniversityA Experience:**
Previous Change Experiences	UniversityA has had generally positive experiences with change and has successfully overcome challenges related to government funding decisions that impact campuses capital plans. The mood of UniversityA is generally positive, with most stakeholders interested in continuing to create an exceptional student experience.
Executive Support	Senior leaders are sometimes involved in sponsoring change at UniversityA. With the development of a new strategic plan, UniversityA has a clear picture of the future of the institution. The success of the Executive Leader: Student Affairs (Figure 1) is dependent on positive change occurring at UniversityA.
Credible Leadership & Change Champions	Senior leaders at UniversityA are trusted and are credibly able to show others how to achieve their collective goals. UniversityA has struggled to attract and retain capable and respected change champions. Middle managers are often able to link senior managers with the rest of the organization.
Openness to Change	Senior leaders are sometimes locked into past strategies, approaches, and solutions, which can be a barrier to change. Employees are not always able to constructively voice their concerns, but that culture is slowly changing. More recently, UniversityA has moved to a culture that is innovative and encourages innovative activities.
Readiness Dimensions	At UniversityA, those that will be affected by change do have the energy to undertake change. Those who will be affected by change have concerns that there will not be sufficient resources to support change.
Rewards for Change	There is no reward system for valuing innovation and/or change at UniversityA.
Measures for Change and Accountability	There are not good measures at UniversityA for assessing the need for change and tracking the change process.

	UniversityA is just beginning to effectively track data and attend to the data.

As outlined in Table 2, stakeholders at UniversityA have experienced generally positive experiences with past change, although they have struggled retaining change leaders and assessing and tracking change. Stakeholders have shown a readiness for future change, have an openness towards the change process, and are eager to continually create a better experience for students at UniversityA. When exploring the readiness dimensions, stakeholders do have concerns that there will not be sufficient resources to support change. The resources needed for change at UniversityA will be explored throughout this OIP.

Internal and external forces that shape change. Organizations need to initiate change processes to respond to internal and/or external influences, but how organizations respond cannot be fully anticipated (Cawsey et al., 2016). As an example, when UniversityA began addressing the change prompted by new sexual violence legislation, it was not expected that there would be the creation of a new department with community-based partners, but that was the result based on the feedback of stakeholders. Many internal and external forces can influence the way an organization responds to proposed changes, but the pattern of response depends on an organization's own understanding, and the understanding of the impact those changes can have on the future of the organization (Cawsey et al., 2016).

Internally, student retention is a strong force that shapes change on post-secondary campuses. Mental illness is a leading cause of discontinuous enrollment at post-secondary institutions, thereby affecting retention (Arria et al., 2013). If institutions want to retain students, this data reinforces the importance of educating students about the mental health supports and services that are available and to continually adapt to the needs of students.

Both internally and externally, one of the most challenging factors influencing change is funding. At UniversityA, many non-traditional mental health supports – or those outside the traditional health and wellness centre – are not funded by government mental health programs but by students and student fees. To alleviate the dependence of mental health supports and services on student fees and to create more innovative services, it is important that funding be provided to institutions in alternative ways (Perez et al., 2014). Offering funding for innovative mental health and wellness programming provides additional resources for students to address their health and wellness concerns.

Conclusion

In summary, chapter 1 provided a broad overview of the organizational context of UniversityA, while also introducing the proposed PoP for this OIP. As previously stated, UniversityA is a mid-sized university in Ontario that has finished high in ranking related to student satisfaction but scored lower in health and wellness supports for students. As a senior, non-academic leader in student affairs, my oversight of wellness initiatives at UniversityA provides me with the opportunity to influence and empower change. My personal leadership philosophy utilizes both transformational and servant leadership, and additional leadership approaches will be explored in chapter 2.

In chapter 1, the PoP asked the following: how can UniversityA engage students, staff, and faculty in supporting the mental health needs of students? To ensure all stakeholders are involved and invested in the PoP and OIP, two guiding questions were proposed: (1) Will students use non-traditional resources? (2) How will non-clinical staff and faculty be motivated to utilize resources and participate in wellness initiatives? Additionally, this chapter explored the

priority of balancing stakeholder and organizational interests, and a variety of change drivers impacting the PoP and OIP.

It was intended that chapter 1 would provide a strong foundation of information to better inform this OIP. This chapter has provided information related to the PoP, leadership theories, and organizational readiness that will continue to be developed and expanded upon in chapters 2 and 3. Overall, UniversityA is well-positioned to engage stakeholders when providing mental health supports and services for students, and chapter 2 will explore the planning and development processes related to change implementation at UniversityA.

Chapter 2: Planning and Development

In chapter 2, this OIP will explore leadership approaches, the framework for leading the change process, a critical organizational analysis, and possible solutions to address the problem of practice. Throughout this chapter, transformational, servant, adaptive, and distributed leadership models will be embedded in all aspects of planning for change, which are closely linked to Lewin's Theory of Change, the Plan-Do-Study-Act Model, and the Change Path Model. A critical analysis of UniversityA will explore changes that include innovative student engagement, creative faculty and staff engagement, and a greater focus on diversity-related approaches to providing mental health supports and services.

Chapter 2 will also explore how Nadler and Tushman's Congruence Model (1989) impacts the proposed PoP, before exploring the possible solutions to address the PoP. Before deciding on the best solution for stakeholders at UniversityA, a review of the resources needed, and the advantages and challenges of each solution will be presented. The chapter will conclude by reviewing transformational and ethical leadership, ethics and student affairs, and the relation between ethics and mental health.

Leadership Approaches to Change

As a senior non-academic leader in student affairs at UniversityA, my personal leadership philosophy is continually evolving as I am faced with new challenges and experiences. When exploring a leadership approach that would best address the proposed PoP, a transformational leader who utilizes servant leadership, adaptative leadership, and distributed leadership would best be able to implement a successful OIP at UniversityA. For this OIP, there is value in providing a leadership-focused solution to address the PoP, which will explore

transformational leadership, servant leadership, adaptive leadership, and distributed leadership, and the overall relation of each leadership approach to the proposed PoP.

Being a transformational leader. A transformational leader is someone who raises a follower's level of consciousness about the importance of a desired outcome and the methods of reaching that outcome (Burns, 1978). Transformational leaders go beyond a relationship focused on exchanges and pleasantries by motivating those around them to achieve more than they thought was possible (Bass & Riggio, 2006). For example, at UniversityA there are transformational leaders who motivate others and encourage others, especially during times of organizational change (Arnold et al., 2007). This ability to create a positive atmosphere of change is important when working with stakeholders who may be resistant to organizational changes.

Transformational leadership and mental health. Leadership is integral in shaping the context of mental health at UniversityA. Studies have shown that supervisors who utilized transformational leadership often resulted in a positive influence on employees within the organization (Arnold et al., 2007). Transformational leaders provide "largescale inspiration and motivation for a vision or mission; however, the transformational leader's vision is central to this model and this may inhibit their ability to effect change in health care" (Trastek, Hamilton, & Niles, 2014, p. 379). This is due to a patient's treatment needing to be "individualized and not forced to conform to a single vision dependent on a transformational leader's singular mission" (Trastek et al., 2014, p. 379). For the proposed PoP, inspiration and motivation will be needed to inspire change, so aspects of transformational leadership will be critical when implementing change at UniversityA.

Servant leadership. Servant leadership emphasizes that leaders need to be attentive to the concerns of their followers, empathize with them, nurture them, empower them, and help them develop their full personal capacities (Northhouse, 2016). The servant leader leads by example by enabling and empowering their followers with all the tools necessary to succeed (McCann, Graves, & Cox, 2014). Spears (2005) identified numerous characteristics of servant leaders that align with my own values and beliefs, which include trust, empathy, healing, commitment to the growth of people, and building community. Of all these characteristics, I strive to understand and empathize with those around me, and I aspire to build a strong organizational community at UniversityA by being an empathic listener. The traits of servant leadership are critical to creating a healthy environment at UniversityA that focuses on the overall well-being of all stakeholders.

Servant leadership and mental health. A servant leader, with characteristics such as empathy and compassion, can help build a healthy environment for change while also encouraging a sense of cohesiveness, collaboration, and sustainable relationships among followers (Jitt, Sharma, & Kawatra, 2017). Being a servant leader aligns with the role of health care providers, who focus on serving their patients, and the "ethical and moral aspects of servant leadership requires a health care provider to put the physical, emotional, and financial needs of the patient first" (Trastek et al., 2014, p. 380). Additionally, with a focus on teamwork, servant leaders can "build a community in which team members are committed to putting the patient's interests first and organize team members to achieve the goal of providing high-value patient care" (Trastek et al., 2014, p. 380). To best implement the proposed PoP, teamwork inspired by effective servant leadership will be important to ensure that all stakeholders are actively engaged in implementing the proposed solutions at UniversityA.

Adaptive leadership. Adaptive leadership, developed by Heifetz and Linsky (2002), allows organizations to establish guidelines that allow change in response to challenges. Adaptive leadership "looks at what is happening (focuses on the present) and invites everyone into the conversation about what is possible, realizing from the outset that not everyone will be satisfied with the result" (Raney, 2014, p. 317). At UniversityA, it is important that all stakeholders are engaged in discussions about what types of mental health supports and services should be available to students, and ensure they are involved at all levels of the change implementation plan. Adaptive leaders must commit to a course of action ''to mobilize people to face, rather than avoid, tough realities and conflicts'' (Heifetz, 1994, p. 23). Additionally, adaptive leadership allows students, staff, and faculty to be more creatively involved in addressing and supporting the mental health of students outside of traditional health and wellness centres.

Adaptive leadership and mental health. Heifetz et al. (2009) describes the difference between adaptive leadership that supports organizational innovation and an approach that is more technical and bureaucratic, that would attempt to solve problems quickly while utilizing material resources. This is a key aspect that should be considered when exploring the proposed PoP, as urgent approaches to addressing student mental health may not be innovative or student-centered, meaning they may not be as sustainable or attractive to stakeholders. The proposed PoP explores an innovative approach to supporting mental health services for students and hopes to accomplish this by engaging and training stakeholders to be involved in this organizational change. By encouraging leaders to choose the "thorny—but essential—path of adaptive leadership, coupled with mindfulness practices, is a requisite element in the process of managing organizational obstacles and accessing the most creative possibilities for change" (Raney, 2014,

p. 314). The principles of adaptive leadership encourage administrators to move towards challenges and uncertainty during periods of change, while also providing stakeholders with the necessary empathy and support (Heifetz & Linsky, 2002).

Distributed leadership. Distributed leadership can be defined as the sharing of "leadership tasks to influence resource availability, decision making and goal setting within an organizational perspective" (Gunzel-Jensen, Jain, & Kjeldsen, 2018, p. 111). For change to occur at UniversityA, a shared team approach to addressing change needs to be developed, as stakeholder groups of students, staff, and faculty must work together to achieve successful change. When utilizing a distributed leadership approach successfully, it will help to facilitate change across organizations and encourage leaders to influence different levels and individuals throughout an organization (Fitzgerald, Ferlie, Mcgivern, & Buchanan, 2013). As a leader at UniversityA, I will need to ensure that leadership related to the change processes can be distributed and taken on by different stakeholders within the organization. Overall, distributed leadership believes that working together produces results greater than the sum of individual participants (Cleary et al., 2011).

Distributed leadership and mental health. Providing mental health supports and services for students at UniversityA should be a "division of labour" and include numerous stakeholders working together to support students" (Gronn, 2002, p. 441). At UniversityA, a team approach like distributed leadership is beneficial in the Health and Wellness Centre, as the delivery of health and wellness services requires input from a variety of stakeholders. As the mental health needs of students continues to grow and become more diverse, "leadership must be distributed broadly if organizations are to increase their capacity for learning and change" (Carroll & Edmondson, 2002, p. 54).

When exploring the leadership approaches that best support both the proposed PoP and OIP, there is value in transformational leadership, servant leadership, adaptive leadership, and distributed leadership. Although my own personal leadership philosophy focuses on transformational leadership and servant leadership, I strongly believe that adaptive leadership principles and a distributed leadership approach are a means by which post-secondary mental health supports and services can achieve innovation at a time of limited budgets and increased demand. To best support the proposed PoP and OIP, all four leadership approaches presented will be utilized to implement the proposed changes at UniversityA, and adaptive leadership will be specifically utilized during the change monitoring and evaluation process in chapter 3.

Qualities of transformational leadership will be used to inspire and motivate stakeholders to be involved in the proposed OIP, while the characteristics of empathy, healing, and community building that are associated with servant leadership will be used to develop innovative supports and services to support the mental health needs of students. At UniversityA, there is not one solution to best address challenges in health and wellness centres, but administrators and stakeholders "can develop an atmosphere of resiliency and organizational agility in spite of such adversity by incorporating principles of adaptive leadership" (Raney, 2014, p. 313). A combination of transformational, servant, adaptive and distributed leadership approaches will be critical when addressing the proposed PoP and OIP at UniversityA and will help inform the frameworks for leading the proposed change process.

Framework for Leading the Change Process

The framework for leading the change process that will be utilized for both the PoP and OIP will focus on three different change theories and models. These are Lewin's Theory of Change, the Plan, Do, Study, and Act (PDSA) Model, and the Change Path Model. I have

outlined the impact of each of these in relation to post-secondary mental health supports and services below.

Lewin's theory of change. Lewin's Theory of Change focuses on an "ethical approach to change that promotes honest dialogue and full participation" (Burnes, Hughes, & By, 2016, p. 147). This theory aligns with a servant leadership approach, as servant leadership focuses on a moral and ethical dimension of leadership, aligning with the ethical framework of Lewin's Theory of Change (Greenleaf, 1977). As a servant leader, Lewin's Theory of Change reflects aspects of my leadership approach, as servant leadership involves humility and honesty working in conjunction with action-driven behaviour (Sousa & van Dierendonck, 2015). Lewin's Theory of Change is a three-stage model, commonly referred to as unfreeze, change (transition), and refreeze (Lewin, 1943), which points out the actions taken by an organization at each stage of the theory (Table 3).

Table 3

Lewin's Theory of Change Stages

Stages:	**Theory of Change:**
(1) Unfreezing	This stage focuses on the "need to dislodge the beliefs and assumptions of those who to engage in systematic alterations to the status quo" (Cawsey et al., 2016, p. 45).
(2) Change (Transition)	During the unfreezing stage, the individuals who are "embedded in the systems become susceptible to change and the systems, structures, beliefs, and habits become fluid and thus can shift more easily" (Cawsey et al., 2016, p. 45).
(3) Refreezing	After the change has been completed, "these systems, structures, beliefs and habits can refreeze in their new form" (Cawsey et al., 2016, p. 45).

Unfreezing phase. At UniversityA, each stage of Lewin's Theory of Change can be applied to the proposed PoP, which asks how can UniversityA engage students, staff, and faculty in supporting the mental health needs of students? Unfreezing must take place at many levels

(Cawsey et al., 2016), and it involves ensuring that stakeholders understand that traditional health and wellness services and supports do not meet the needs of all students. It is important to find new ways to challenge the historic beliefs and values of stakeholders and encourage them to look beyond traditional clinical approaches.

Transition phase. In stage 2, it is important to bring together all stakeholders, as there is often considerable uncertainty during this phase (Cawsey et al., 2016). Once UniversityA has determined a need for change in the unfreezing stage, this stage will enact and recognize new and different approaches that will help support the OIP, which will involve students, staff, and faculty becoming more active in the delivery of mental health supports and services. This will also involve the adoption of new approaches to mental health services and supports that will complement the already existing traditional clinical supports on post-secondary campuses. This stage can be complex, and it often involves a number of different stakeholders and systems at the institution (Cawsey et al., 2016).

Refreeze stage. In the refreeze stage, "once the changes have been designed and implemented, employees will need to adapt to the changes and develop new patterns and habits (Cawsey et al., 2016, p. 46). For post-secondary staff and faculty who historically referred students to on-campus mental health services, which were traditionally housed in health services centres, those same staff and faculty may need to learn about other non-traditional mental health supports that may better complement the supports already being provided. The proposed PoP at UniversityA will utilize students, staff, and faculty as important links to mental health supports, and at some point, the new system of supports should become relatively stable. With this "stability comes refreezing, as the new processes, procedures, and behaviours become the new 'normal' practices of the organization" (Cawsey et al., 2016. p. 46).

Plan-do-study-act (PDSA) model. The Plan, Do, Study, and Act (PDSA) model is a tool for developing, testing, and implementing changes leading to organizational improvement (Langley, Nolan, Nolan, Norman, & Provost, 2009). As shown in Figure 3, Perry, Bell, Shaw, Fitzpatrick, & Sampson (2014) outline that a plan is developed to test the change in the plan stage, and then the test is carried out in the do stage. The data from the test is examined and reflected on in the study stage and then changes are planned or implemented for the next cycle of change in the act stage (Perry et al., 2014). Figure 3 aligns the PDSA model with the proposed PoP. This model will be utilized when addressing each of the proposed solutions.

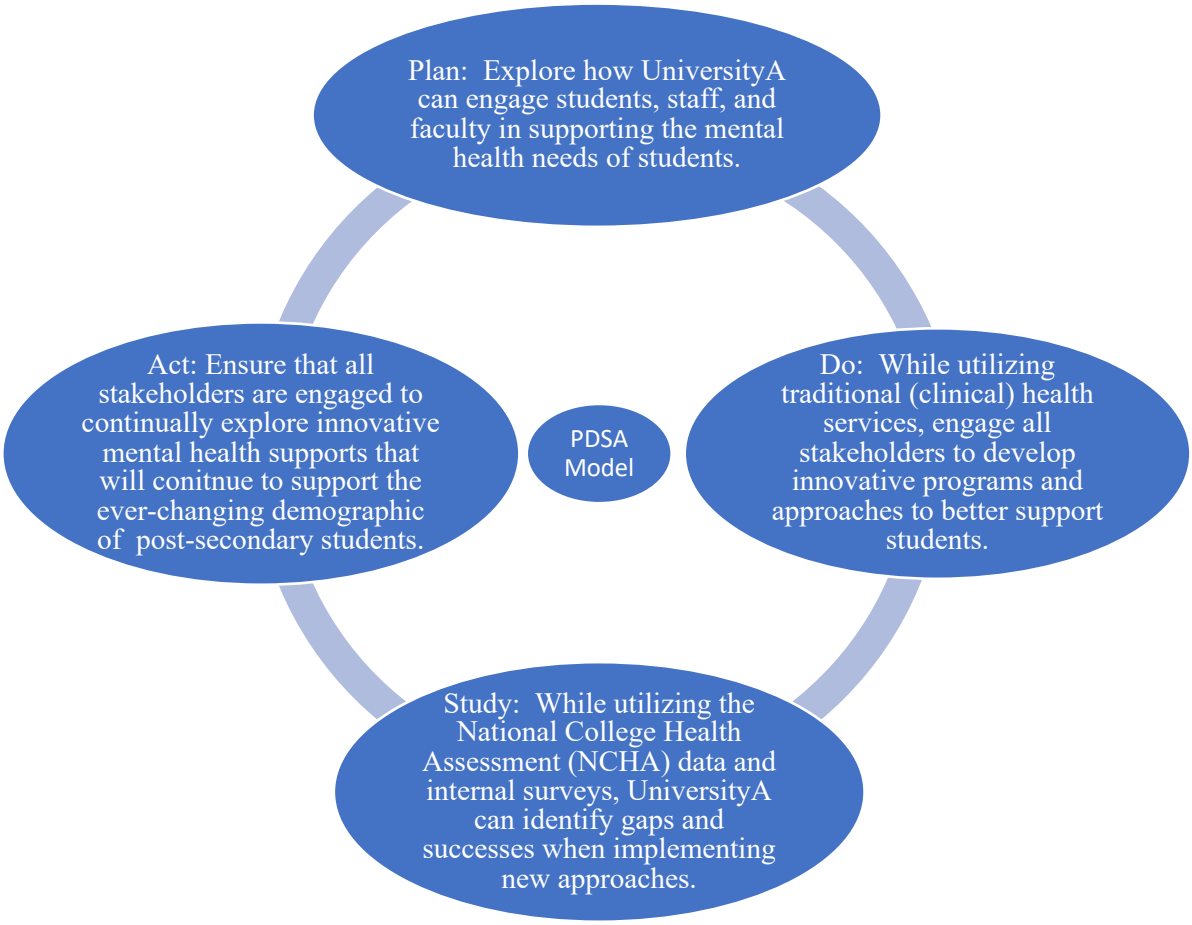

Figure 3. PDSA model: Implementing Innovative Approaches to Mental Health.

In Figure 3, the plan stage involves exploring the proposed PoP, while the do stage will have students utilize both new and traditional health and wellness services and supports at UniversityA. The do stage also engages stakeholders to develop innovative programs and approaches to better support students. In the study stage, UniversityA will utilize external and internal data to identify gaps and successes for the new supports and services. Lastly, the act stage, identified in Figure 3, will utilize data to continually explore new and innovative approaches to support the ever-changing demographic of post-secondary students at UniversityA.

Throughout this OIP, the PDSA Model will be utilized to provide a framework for addressing change at UniversityA. This model provides a very clear process and direction related to change at UniversityA, and its structure allows stakeholders to see the evolution associated with the change. This model aligns with a transformational leadership approach, as transformational leaders motivate "followers to perform at their full potential over time by influencing a change in perceptions and providing a sense of direction" (Cook & Leathard, 2004, p. 441). The PDSA Model, while utilizing a transformational approach, will provide stakeholders with a clear direction for change at UniversityA.

The change path model. Since change can be difficult for all aspects of an organization (Cawsey et al., 2016), the Change Path Model would be the best model for leading the proposed PoP and OIP at UniversityA. The stages of the Change Path Model include the awakening phase, the mobilization phase, the acceleration phase, and the institutionalization phase. Each of the phases and the impact on the PoP and OIP are outlined below.

Awakening phase. The first phase is the awakening phase, where leaders at UniversityA will need to continually scan their external and internal environments to understand the reasons

for and against an organizational shift (Cawsey et al., 2016). At UniversityA, this means beginning the process of engaging all stakeholders and determining why they are hoping for change, or why they are resistant to change as it relates to mental health services and supports. It will be important to understand why students are advocating for change, and how staff, faculty, and especially current health services staff feel about any proposed changes.

During this phase, it is important that individuals in leadership roles at UniversityA "articulate the gap in performance between the present and the envisioned future state and spread that awareness of the data and gap throughout the organization" (Cawsey et al., 2016, p. 55). By acknowledging the challenges associated with the current offering of mental health supports and services at UniversityA, stakeholders can better understand the gap between the current state and the desired state. Within this stage, it is critical to develop a powerful vision for change, while also disseminating that "vision and why it is needed through multiple communication channels" (Cawsey et al., 2016, p. 55).

Mobilization stage. The second stage is mobilization, where a determination of what needs to change and the vision for change are further developed by engaging others, and a gap analysis is developed to explore the differences between where an organization presently is and where it needs to go (Cawsey et al., 2016). At UniversityA, this is an opportunity to work with stakeholders to make sense of the desired change through the already existing systems and structures at the institution and leverage those stakeholders and systems to implement change (Cawsey et al., 2016). This will involve mobilizing key stakeholders and understanding the influence that students, staff, and faculty have on organizational change. Similar to the awakening phase, the mobilization stage involves continued communication and sharing the need

for organization-wide change while also managing "various stakeholders as they react and move the change forward will be critical at this stage" (Cawsey et al., 2016, p. 15).

Acceleration phase. The third phase is acceleration and involves action planning and implementation while ensuring that the appropriate tools are deployed to manage the plan, build momentum, and manage the transition (Cawsey et al., 2016). At UniversityA, building momentum will be important, as continued engagement of all stakeholders will help all individuals feel included in the change process. During the acceleration stage, it is important to keep all stakeholders engaged in the change process and should involve "celebrating small wins and the achievement of milestones along the larger, more difficult path to change" (Cawsey et al., 2016, p. 55).

Institutionalization phase. The last stage is institutionalization, which involves the successful conclusion of the transition to the desired state of change, including the monitoring of progress and the assessment of when changes have been incorporated (Cawsey et al., 2016). At UniversityA, this involves engages students, staff, and faculty in supporting the mental health needs of students. Although this is the last stage, it still involves periodically tracking the change, gauging the continued progress towards the goal, and making modifications as needed (Cawsey et al., 2016).

Engrained in the Change Path Model are aspects of transformational leadership and servant leadership. Each phase of the Change Path Model is critical when leading, creating buy-in, and implementing change, and at each phase a transformational leader must connect with stakeholders and provide a vision for change at UniversityA. As the Change Path Model transitions from the awakening phase to the institutionalization phase, the role of a servant leader is oriented to address the needs of stakeholders. This is accomplished through individual support

and the creation of an organizational environment that fosters personal and professional growth (Sousa & van Dierердonck, 2015). When asking stakeholders at UniversityA to change their behaviour and adapt their roles to better support students, both aspects of transformation and servant leaders will be used to help foster that change within the stages of the Change Path Model.

Organizational change at UniversityA will have challenges, as inequity is often entrenched in our programs and services. Overcoming this challenge requires systemic change at all levels of an organization (Canadian Mental Health Association, 2014). During each phase of the Change Path Model, implementing a social justice lens will ensure that stakeholders review mental health through a lens that is informed by principles of accessibility and equity (Canadian Mental Health Association, 2014). Distributed leadership is closely tied to equity, and leaders at UniversityA need to acknowledge that leadership comes from all levels of the organization. Moreover, those involved in change need to be representative of the diverse communities at UniversityA (Woods, 2015). By ensuring all voices are heard throughout the stakeholder communities, UniversityA can ensure that accessibility, equity, and diversity will be at the forefront of each phase of the Change Path Model.

The Change Path Model is the preferred model for facilitating change at UniversityA. With so many stakeholders impacted by the proposed change, the Change Path Model provides a "practical framework that lays out a linear process for change" (Cawsey et al., 2016, p. 58). As described in the change implementation plan in chapter 3, this linear approach to change fits well into the academic terms at UniversityA. Overall, the process and prescriptions of each stage of the Change Path Model provides the appropriate tools and directions to ensure stakeholders at

UniversityA are aware of the change processes and can be involved and engaged throughout each stage (Cawsey et al., 2016).

Critical Organizational Analysis

Based on UniversityA's organizational change readiness and the frameworks for leading change, UniversityA will need to implement the additional changes to ensure that stakeholders within the organization are invested in developing innovative approaches to mental health services and supports for students. These changes include: (a) innovative student engagement; (b) creative faculty and staff engagement; and (c) a greater focus on diversity-related approaches to providing mental health supports and services.

Innovative student engagement. On post-secondary campuses, students are looking for better integration of services and resources to improve communication and referral amongst wellness care providers and provide better access to peer and community supports (Perez et al., 2014). On many campuses, engaging students in a peer-to-peer model is an essential component of mental health services, and it is important that this type of mental health service is available for students (Perez et al., 2014). The success of engaging students is rooted in the values that peer support is another method of seeking mental health service outside of the mainstream mental health services (O'Hagen, Cyr, McKee, & Priest, 2010).

Engaging students on post-secondary campuses through innovative ways can be challenging, but as direct service users at most institutions, it is critical that students be engaged in the delivery of supports and services. By utilizing a distributed leadership approach, students will understand that by sharing the tasks related to addressing mental health at UniversityA, they can support the creation, delivery, and resource availability of the supports that they need to be healthy (Gunzel-Jensen, Jain, & Kjedsen, 2018). Engaging students outside of a traditional

health and wellness centre is a gap in mental health service delivery and encouraging students to support their peers is a proposed change that should be implemented at UniversityA. This idea will be explored in more detail later in this chapter.

Faculty and staff engagement. Campus mental health staff and faculty are positioned to identify students needing mental health support and to provide intervention and support when needed (Sontag-Padilla et al., 2013). Due to their role on campus, faculty and staff are usually able to recognize signs that a student may be having difficulty in the post-secondary environment, and they are often one of the first points of contact for a student who is having a difficult time (Perez et al., 2014). Using a transformational leadership approach, I hope to engage staff and faculty to continue to impact the lives of students and inspire them to higher levels of motivation (Burnes, Hughes, & By, 2018). Given their roles, staff and faculty often have a direct influence on mitigating difficulties related to mental health, either as an administrator or mentor (Perez et al., 2014).

As stated earlier, faculty and staff are at the frontline of potential issues that students could experience. It is essential that they are provided the training and resources needed to ensure learning spaces are safe, promote healthy living, and maintain inclusive health requirements (Perez et al., 2014). Additionally, it is important that faculty and staff are equipped with the necessary resources and knowledge to address students' needs and direct them to the appropriate resource (Beckett et al., 2018). Based on UniversityA's organizational change readiness, there is a gap related to engaging staff and faculty in innovative ways to support the mental health needs of students.

A focus on diversity-related approaches. Many post-secondary campuses are seeing an increase in the diversity of students, and "it is evident that the demographic and cultural diversity

of students can present a variety of challenges and opportunities in providing supports that remain sensitive to each student's background" (Ng & Padjen, 2018, p. 535). At UniversityA, students are becoming more diverse, bringing with them needs and experiences that may not align with traditional health and wellness services and supports offered on campus. For example, it is important that UniversityA explore the utilization of collaborative, culturally safe services that integrate clinical approaches with traditional Indigenous healing, as these services have been hailed as promising approaches to address the high rates of mental health problems in Indigenous communities in Canada (Maar et al., 2009). By exploring mental health through a social justice lens, UniversityA can focus on supports and services that address inequitable opportunities and access for students (Crumb, Haskins & Brown, 2019). With growing populations of Indigenous, marginalized, and LGBTQ students at UniversityA, a commitment to innovative approaches focused on the diversity of students is critical to address the perceived gaps in mental health supports and services.

At UniversityA, the proposed PoP states that university and college health and wellness services do not have the resources to meet the growing mental health needs of post-secondary students, and UniversityA needs to explore innovative ways to engage students, staff, and faculty in supporting the mental health needs of students? These innovative approaches need to focus on student support, staff and faculty support, and diversity-related mental health support and services. These approaches will be explored in more detail later in this chapter.

Congruence model. Nadler and Tushman's Congruence Model (Figure 4) is "based on the principle that an organization's performance is derived from four fundamental elements: tasks (or the work of the organization), people, formal organization (structure and systems) and informal organizations (part of which is the culture)" (Cawsey et al., 2016, p. 68). If there is

congruence within the model (Figure 4), then the organization will perform well (Cawsey et al., 2016).

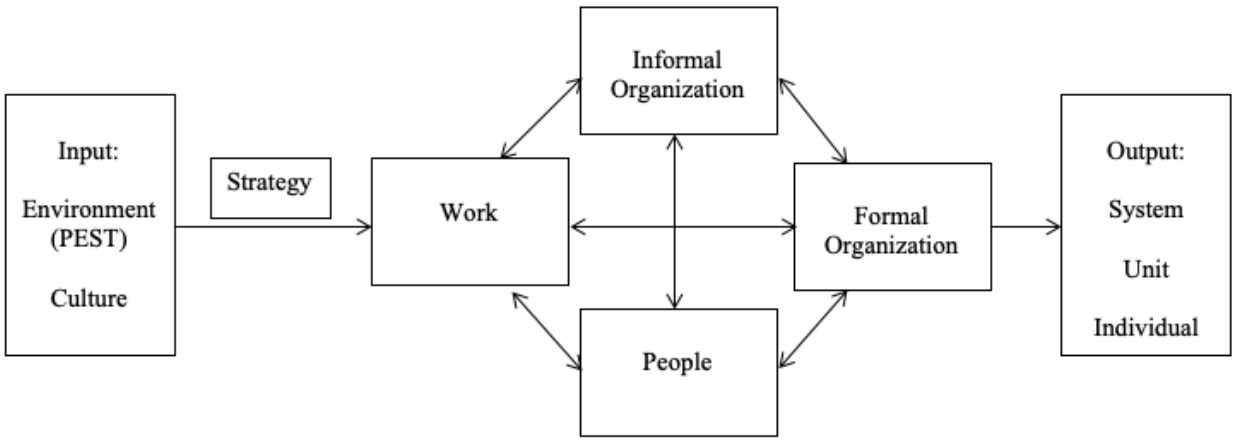

Figure 4. Nadler and Tushman's Congruence Model (adapted from Nadler and Tushman, 1989).

To explore how the Congruence Model impacts the proposed PoP, Figure 4 explores the work of the organization, the people, the structure, and the culture of UniversityA. This OIP will begin by reviewing the input stage, including environment and culture. It will conclude by reviewing the output stage, which includes the system, unit, and individual.

Input stage. The input stage, as outlined in Figure 4, looks at how the "history of an organization provides insights into how it evolved its mission, culture, strategy and approach to how it organizes and manages itself" (Cawsey et al., 2016, p. 68). As stated earlier, UniversityA believes strongly in a transformational leadership experience and servant leaders' approach to providing services, and the positive impact of an overall comprehensive academic experience. In this initial stage, it is also important to complete an evaluation of the external environmental factors to explore the possible implications for action in the organization (Cawsey et al., 2016). When exploring the appropriate strategy for implementing change, it is important for change leaders to find a change strategy that provides an "analysis of the organization's competencies,

strengths, weaknesses, in light of the environmental threats and opportunities" (Cawsey, et al., 2016, p. 69). For the purpose of the proposed PoP, the Change Path Model will be the framework for leading the process of change, and the strategy for change will be explored in more detail in chapter 3.

Work. The work at UniversityA includes the everyday tasks that need to be accomplished to meet the organization's strategy and expectations (Cawsey et al., 2016). The work of most post-secondary institutions is to provide a high-level academic experience, while also valuing a rich student experience that incorporates innovative supportive approaches. In change situations, it is important for change leaders to openly communicate which tasks will change and which stakeholders will be affected to ensure all people are informed.

Formal organization. At UniversityA, after the "tasks are identified and defined, they are grouped to form reporting relationships, the formal organizational chart or roles, responsibilities, departments and divisions" (Cawsey et al., 2016, p. 70). At UniversityA, for the purpose of this OIP, the formal organization will focus on the academic and student affairs communities within the institution, and how those departments interact with students and influence their overall well-being. Using a distributed leadership approach, it is important that change leaders "understand how the formal systems and structures influences people's behaviours and how structures can be used to facilitate change" (Cawsey et al., 2016, p. 71).

Informal organizations. In organizations, culture is reflected by "the informal relationships among people and groups in an organization, the informal way things get done, and the norms accepted by organizational members" (Cawsey et al., 2016, p. 71). At UniversityA, staff and faculty often go above and beyond to support the mental health of students by being friendly, supportive, and concerned about the overall well-being of students. However, these

actions often occur at informal times, beyond the formal structures of the organization. A distributed leadership approach recognizes the need for informal acts of influence and the importance in sharing leadership opportunities throughout all levels of UniversityA (Gronn, 2009). Change leaders need to acknowledge the implicit behaviours of individuals and groups and utilize those informal relationships when implementing organizational change (Cawsey et al., 2016).

People. The people in an organization perform tasks using both the organization's designed systems and the informal cultural processes that have evolved (Cawsey et al., 2016). Within UniversityA, there are specific stakeholders who are critical to its success, and "these people might have special technical skills or might be informal leaders of a key group of employees" (Cawsey et al., 2016, p. 72). At UniversityA, it will be important to not only focus on people who are already involved in providing mental health services, but to explore other potential change leaders on campus who may be able to support innovative ways of delivering services and supports. Within an organization, servant leadership centers on the values of caring and serving others, while empowering individuals towards change (Hoveida, Salari, & Asemi, 2011). To be successful, change leaders at UniversityA need to help to foster change, while also understanding the impact of the proposed change on the people within the organization (Cawsey et al., 2016).

Outputs. The outputs in Figure 4 reflect how an observer would look at UniversityA, and the success of UniversityA in producing desired outputs for the system, unit, and individual. At UniversityA, the outcomes could be positive new mental health supports and services for students, a more engaged system of supports driven by staff and faculty, and a health services unit that has extended its programming to provide services to a more diverse range of students.

In well-functioning organizations, feedback from the output stage could also become part of a new feedback loop and new input to UniversityA's Congruence Model (Cawsey et al., 2016).

Nadler and Tushman's (1998) model will empower UniversityA's leaders to think about change systematically. In addition, "it serves as a checklist to ensure change leaders consider the critical components that must be matched with the strategy and environmental demands (Cawsey et al., 2016, p. 77). The Congruence Model is the best framework for diagnosing change at UniversityA, and best aligns with the work, people, and informal and formal structures at the university. To help support sustainable change, the feedback links make the model dynamic, which is important to consider for a post-secondary organization that is constantly changing to meet the demands of new students (Cawsey et al., 2016).

This section explored a critical organizational analysis that outlined possible changes at UniversityA, including (a) innovative student engagement, (b) creative faculty and staff engagement, and (c) a greater focus on diversity-related approaches to providing mental health supports and services. Additionally, this section reviewed how the Congruence Model (Figure 4) could impact the proposed PoP. All of this information has provided a strong foundation to explore the possible solutions to address the PoP, which will be discussed in the next section.

Possible Solutions to Address the Problem of Practice

The possible solutions outlined in this section were developed by reviewing a variety of different approaches to postsecondary student mental health. *The OCAD U and Ryerson University Mental Health Partnership Project* proposed a systematic approach to mental health on post-secondary campuses that views "the whole campus environment as the site for intervention and, seeks to foster a supportive environment for mental health and learning" (Olding & Yip, 2014, p. 1). Using a toolbox approach, this project aimed to encourage post-

secondary institutions to promote coping strategies, awareness, training, and skill building while addressing organizational structures and environment (Olding & Yip, 2014).

Similarly, the Canadian Associations of College & University Student Services (CACUSS) and Canadian Mental Health Association (CMHA) published the *Post-Secondary Student Mental Health Guide to a Systemic Approach.* This document helps to inform this OIP by outlining that institutions must empower students to actively participate in addressing their mental health, while also addressing inequalities in providing and accessing mental health supports and services (CACUSS & CMHA, 2013). Ultimately, the proposed solutions focus on creating a campus environment at UniversityA where all stakeholders share responsibility for supporting the mental health services and supports available to students (CACUSS & CMHA, 2013).

Outlined earlier in this OIP, three changes were introduced to address the proposed PoP. These changes were: (a) innovative student engagement; (b) creative faculty and staff engagement; and (c) a greater focus on diversity-related approaches to providing mental health supports and services. Expanding on those changes, this OIP will outline four possible solutions to address the PoP. These proposed solutions are to: (1) implement a comprehensive peer-to-peer education and support group linked with clinical supervision; (2) create a faculty and staff professional development program that provides tools and resources for addressing student mental health; (3) provide specialized diversity-related counselling and support for marginalized and Indigenous students; and (4) implement all three of the aforementioned solutions at UniversityA. Each of the proposed solutions is outlined in more detail below.

Solution one. This solution involves the implementation of a peer-to-peer education and support group at UniversityA. Earlier in this chapter, the idea of peer-to-peer education and

support as an innovative approach to fostering student engagement and providing mental health supports and services was explored as a response to the proposed PoP. Gartner and Riessman (1982) defined peer support as "social and emotional support offered to others with mental health problems by other people with similar health conditions in order to obtain a desired personal and social change" (p. 631). Building upon this idea, a possible solution to the PoP is the creation of peer-to-peer education groups that are supported by clinical supervision in traditional health and wellness centres. For this OIP, the focus of this solution will be on the role of student leaders (called peer supporters) as they provide peer-to-peer education and support at UniversityA.

Peer-to-peer counselling has led to resiliency building in students, and those students are "more likely to develop a connection with peers who they feel have a better understanding of the barriers facing students" (Council of Ontario Universities, 2017, p. 5). Peer support is often provided by individuals who have some lived experience with mental health issues or illness (Perez et al., 2014). On post-secondary campuses, "student peer organizations seek to improve student attitudes and knowledge regarding mental health, lessen the personal and perceived stigma of mental health, and bolster peer-to-peer support for students with mental health needs" (Sontag-Padilla et al., 2016, p. 500). Although students often receive support in an informal setting by classmates or friends, this proposed solution is a formal peer education and support program embedded in campus health and wellness centres (McBeath, Drysdale & Bohn, 2017). Peer supporters often work with health and wellness staff to provide educational campaigns, and these campaigns create an inclusive peer-to-peer approach towards promoting healthy lifestyles (Perez et al., 2014).

Student peer organizations "are uniquely positioned to have direct and immediate effects on students' perceptions of mental health issues and associated stigma and thereby have the

potential to increase the rate of students accessing mental health services" (Sontag-Padilla et al., 2016, p. 500). To best connect with students on campus, peer supporters often work directly with health and wellness staff to provide educational campaigns. These campaigns create an inclusive peer-to-peer approach towards promoting healthy lifestyles (Perez et al., 2014). Overall, by connecting student leaders with health and wellness staff members, they will have the tools and resources to provide effective peer-to-peer educational support. The PDSA Model (Figure 5) outlines solution one and what it hopes to achieve at UniversityA.

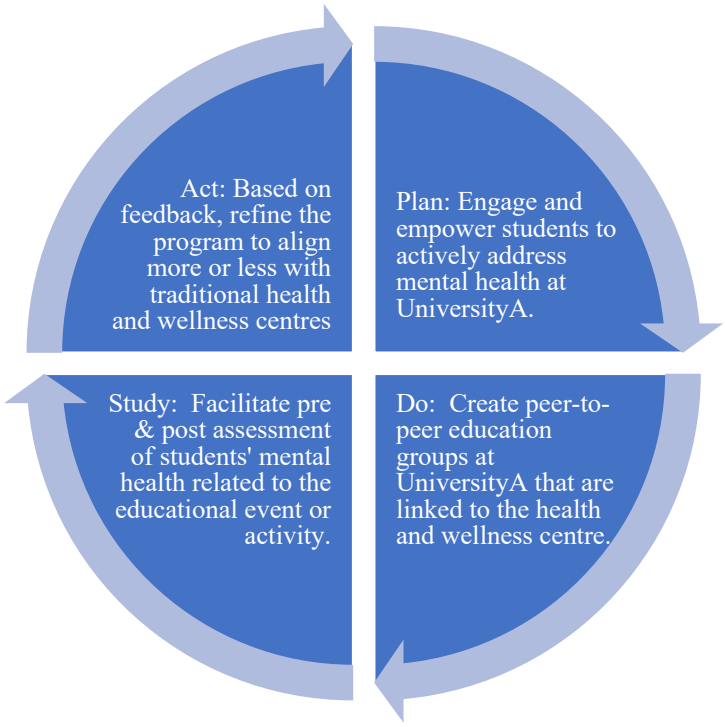

Figure 5. Implementing a Peer-Peer Education Group (PDSA Model).

The PDSA Model in Figure 5 outlines a plan to engage students in actively addressing their own mental health and the mental health of their peers. Solution one involves the creation of a student peer-to-peer education group, linked to UniversityA's traditional health and wellness centres. As outlined in the study stage, students involved in the peer-to-peer program will participate in pre and post assessment to gather data. That data will be utilized in the act stage

and will help refine the program to better align it with existing mental health supports and services at UniversityA.

Solution two. This solution proposes the development of a faculty and staff professional development program. Faculty and staff need to be prepared to recognize, respond, and refer students in need of support, while also having the knowledge and confidence to connect students to appropriate resources and services (Perez et al., 2014). On campus, "faculty and staff tend to be a first point of contact for many students in need of mental health services" (Beckett et al., 2018. p. 11). As a first point of contact, it is important that they are "equipped with the necessary resources and knowledge to address students' needs" (Beckett et al., 2018, p. 11).

Solution two proposes the creation of a faculty and staff professional development program that would provide them with the tools, knowledge, and resources to effectively support students' mental health needs. Unfortunately, the current professional development opportunities required for faculty and staff varies amongst campuses (Perez et al., 2014). Improved and consistent professional development opportunities are essential, as faculty and staff should be "effectively trained to recognize signs of mental health struggles and should know what resources are available to provide help" (Council of Ontario Universities, 2017, p. 6). Currently at UniversityA, professional growth opportunities such as Mental Health First Aid are available, but they are not mandatory for faculty and staff. These opportunities should be incorporated into more comprehensive professional development programs related to mental health supports and services.

Providing faculty and staff with the tools they need to support students will result in more knowledge and awareness of the mental health needs of post-secondary students. It will require a continuous effort to make members of UniversityA aware of what services and supports are

available (Perez et al., 2014). Faculty and staff professional development needs to be an ongoing initiative with the expectation that continued learning and the updating of skills is a campus-wide priority. The PDSA Model (Figure 6) outlines the development of a staff and faculty professional development program and what it hopes to accomplish at UniversityA.

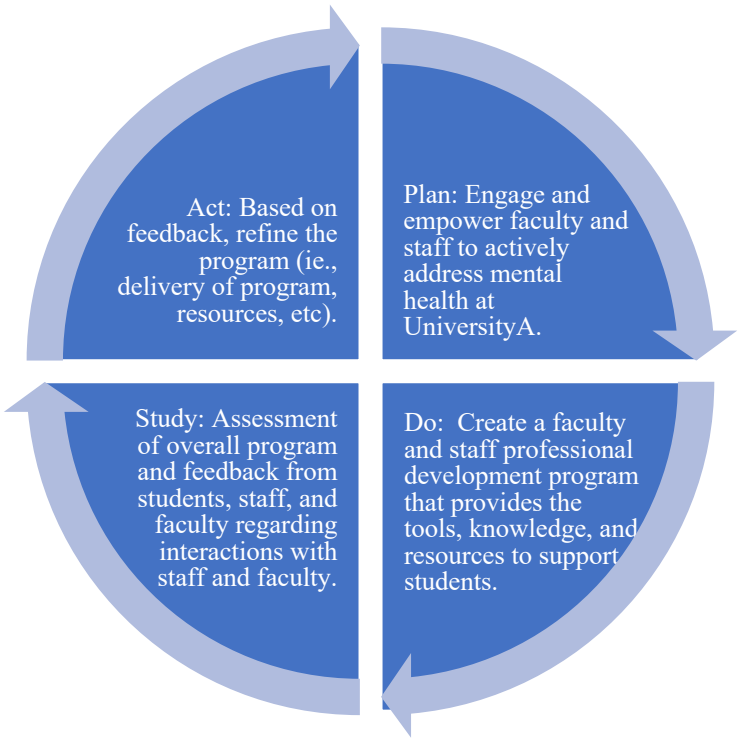

Figure 6. Faculty and Staff Professional Development Program (PDSA Model).

The PDSA Model in Figure 6 outlines a plan to engage and empower faculty and staff to address student mental health at UniversityA. Solution two involves the creation of a faculty and staff professional development program to provide the needed tools and resources for staff and faculty to better support students. Feedback from students, staff, and faculty will provide data for the study stage. Based on that feedback, the program will be refined and improved.

Solution three. This solution involves providing specialized counselling for marginalized and Indigenous students at UniversityA. The cultural background of students accessing mental health services on post-secondary campuses may influence how they utilize services and

supports. The potential impacts on the therapeutic relationship must be considered when working with students from different cultures in mental health care settings (Gopalkrishnan, 2018). The cultures of marginalized students may alter the types of supports and services students access, and a lack of cultural knowledge from stakeholders may prevent students from receiving care (U.S. Department of Health and Human Services, 2001).

Helping to shape solution three, when accessing mental health services some marginalized and Indigenous students may prefer service providers of the same race or ethnicity (U.S. Department of Health and Human Services, 2001). At UniversityA, Black and Indigenous students have advocated for counsellors of the same culture or ethnicity. Cultural meanings of health and wellness can impact whether people seek treatment, where they seek help, how they access services, and their overall success (U.S. Department of Health and Human Services, 2001).

It has been recommended in Ontario that the government "provide dedicated funding for community-based mental health providers to supply culturally relevant and diverse counselling on campuses" (Beckett et al., 2018, p. 2). In response to solution three, post-secondary institutions should provide marginalized and Indigenous counsellors (and/or Elders) on campuses to meet the diverse needs of students. Bathish et al. (2017) states that Indigenous students face substantial barriers to persistence, engagement, and success during their undergraduate education experiences. Elders are viewed as essential knowledge holders and respected advisors to Indigenous youth. This research outlines that institutions do not allocate sufficient resources to retain Elders to support their Indigenous student population (Bathish et al., 2017).

When exploring innovative approaches to supporting the mental health needs of students, health and wellness centres should aim to involve Elders from Indigenous communities to

counsel and support students (Malatest, 2010). Participants have reported that engaging with Elders allowed them to address unmet needs in their health care and overall wellbeing, especially in the form of attending to underlying spiritual issues, strengthening cultural identity, and addressing the enduring negative impacts of cultural oppression and historical trauma (Hadjipavlou et al., 2018). For this solution, it is beneficial if both the counsellor and the student are from the same culture (Marsella, 2011), and those same counsellors would also be available to provide support to any student in need. The PDSA Model (Figure 7) outlines the proposed solution of providing specialized counselling and support to marginalized and Indigenous students and what it hopes to accomplish at UniversityA.

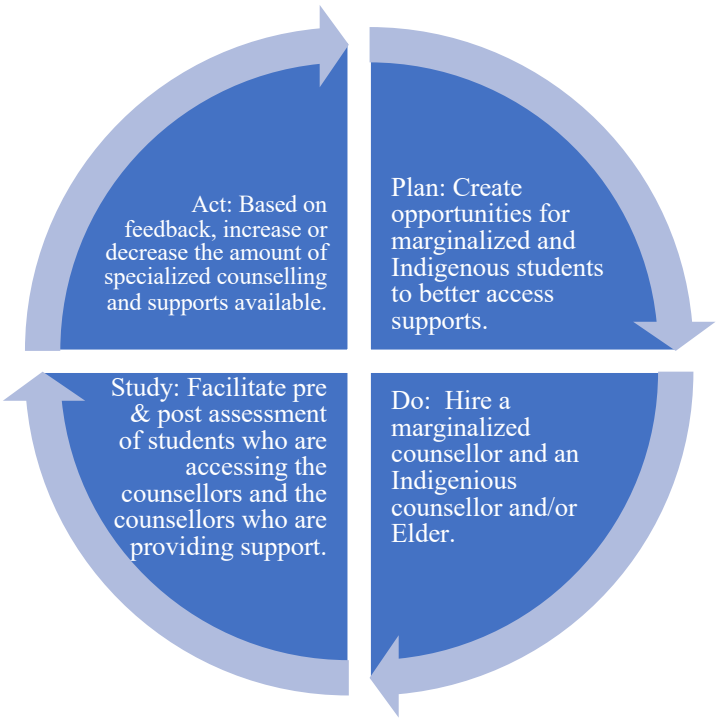

Figure 7. Providing Marginalized and Indigenous Counsellors.

The PDSA Model in Figure 7 outlines a plan to create opportunities for marginalized and Indigenous students to better access mental health supports at UniversityA. Solution three involves hiring a marginalized and Indigenous counsellor (Elder). As outlined in the study stage,

students accessing the counsellor will participate in a pre and post assessment, and the feedback will be used to influence the amount and type of specialized counselling supports available at UniversityA.

Solution four. This solution involves the implementation of each solution at UniversityA, namely the implementation of a peer-to-peer education and support group, the development of a faculty and staff professional development program, and the provision of specialized counselling for marginalized and Indigenous students. It is recommended that UniversityA adopt this solution to best support students. Each proposed solution offers innovative ways to provide mental health support to students and the implementation of all three solutions is the most appropriate approach to addressing the mental health challenges at UniversityA.

Adopting each solution at UniversityA will also require resources for successful implementation. Each solution will be classified as needing minimum, moderate, or maximum resources. A designation of minimum means a short period of time to implement the solution, less than one staff member, less than $40,000 annually, and limited space needs. A solution will be classified as moderate when there is a modest amount of time to prepare for the solution, two staff members involved, between $40,000 - $80,000 annually, and some space needs. Finally, a maximum designation entails a significant amount of time to prepare for the solution, more than 2 staff members involved, over $80,000 annually, and significant space needs. These resources are explained in more detail in Table 4.

Table 4

Resources Needed to Implement Possible Solutions

Resources Needed:	(1) Implementing a comprehensive peer-to-peer education and support group	2) Creating a faculty and staff professional development program	(3) Providing specialized diversity-related counselling
Time:	This program will be linked within the Wellness Education portfolio, which is an existing program at UniversityA. Time will be needed to recruit and train students. *Moderate resources required.*	This solution will take a significant amount of time, first in the development of the program and then in the process of providing training to a large number of staff and faculty across campuses. *Moderate resources required.*	This solution will involve time to hire counsellors and to transition them to the health and wellness team. *Moderate resources required.*
Human Resources:	The greatest time commitment will be training students (peer educators) about mental health education and resources. This solution will involve utilizing staff from a health and wellness centre to provide direct support and leadership to the peer education group. *Moderate resources required.*	This solution will require individuals to create the program as well as to monitor faculty and staff participation and completion. All staff and faculty training are overseen by UniversityA's Teaching & Learning department. No new staff members will be needed. *Moderate resources required.*	This solution will involve adding new staff members (i.e., counsellors or Elders) and dedicating resources to provide training and support. *Maximum resources required.*
Financial Requirements:	Each peer educator will receive a small stipend. Although a staff member will need to be dedicated to this group, cost savings will occur by having students provide education and support directly to students.	Funding will need to be allocated to develop the professional development program and update it each year. Additional pay will be provided to the individual developing the program and training faculty and staff.	This solution will cost the most money, as the addition of staff members represents an increased operating cost. *Maximum resources required.*

	Minimum resources required.	*Moderate resources required.*	
Space and Technology Needs:	Peer educators would share space in the student wellness space. No additional space would be required. *Minimum resources required.*	Faculty and staff would need access to a computer if completing the training online. Alternatively, training would occur in pre-existing training rooms. *Minimum resources required.*	At UniversityA, all counsellors share space, so these counsellors would have access to space as required. *Minimum resources required.*
Approvals for Implementation:	Approved by Executive Leader and Senior Leader, Student Affairs, in consultation with student governments.	Approved by Executive Leader and Senior Leader, Student Affairs, and Human Resources, in consultation with staff and faculty unions.	Approved by Executive Leader and Senior Leader, Student Affairs, in consultation with student governments.

Table 4 explores the impact of each solution related to four different resources: time, human resources, financial needs, and space and technology requirements. As outlined in Table 4, providing a peer-to-peer education and support groups will be the most economical approach by providing a stipend for student peer educators. The development of a faculty and staff professional development program will utilize similar resources as solution one but will require more financial commitment as a staff member will need to develop and facilitate the professional development program. Lastly, providing specialized counselling and support for marginalized and Indigenous students will require the most human and financial resources. It will also require similar time commitments as solutions one and two to train and transition new staff members to the campus.

In addition to the time and resources that need to be allocated to the proposed solutions, each of the proposed solutions can have advantages and disadvantages. Table 5 outlines each solution and the advantages of that solution, as well as the perceived disadvantages.

Table 5

Advantages and Disadvantages Associated with Possible Solutions

Solution:	**Advantages:**	**Disadvantages:**
(1) Implementing a comprehensive peer-to-peer education and support group linked with clinical supervision.	As most traditional health and wellness centres close at 5:00pm each weekday, the opportunity to have peer-to-peer supports available in the evenings and on weekends is extremely valuable to students with mental health needs.	There are also challenges associated with peer-to-peer support including the stigma around seeking peer support for issues related to the mental health or interpersonal problems (McBeath et al., 2017).
(2) Creating a faculty and staff professional development program that provides tools and resources for addressing student mental health.	As frontline service providers at UniversityA, faculty and staff interact daily with students. They are best positioned to provide initial support by triaging students to the appropriate mental health support or service.	As it relates to faculty and staff training, some faculty and staff maintain that it is "not my job" as a rationale for distancing themselves from this critical role They do not realize the importance of their role as a conduit for referrals to critical supports and services (Heitzmann, 2011).
(3) Providing specialized diversity-related counselling and support for marginalized and Indigenous students.	Lack of diversity-related counselling has been a significant barrier to accessing mental health services at UniversityA. The introduction of counselling for marginalized and Indigenous students will create better pathways for accessing supports and addressing mental health amongst students.	Due to the diversity of students attending post-secondary institutions, it will be challenging to provide supports that remain sensitive to each student's background (Ng & Padjen, 2018).
(4) The implementation of all three of the above solutions at UniversityA	To best support students, a whole-community approach was proposed earlier in this OIP, which encouraged students, staff, and faculty to be involved in addressing	In addition to the challenges expressed for each solution, there will be considerable time and resources allocated to implementing all three solutions at UniversityA.

	innovative mental health supports. This is addressed in solutions one and two by engaging students, staff, and faculty. Additionally, solution three addresses one of UniversityA's priorities, which involves creating better access to mental health supports and services for students.	

Table 5 outlines the advantages and disadvantages of each proposed solution. The advantages of each solution focus on providing more non-clinical support to students, while also addressing their diverse mental health needs. The disadvantages focus on the stigma that peers may experience, the challenge of having staff and faculty available to provide support to students and finding the right specialized counsellors to meet the diverse needs of students. Additionally, it will take time and resources to implement each solution.

In summary, to best address the proposed PoP, this OIP will focus on implementing solution four, which involves the implementation of all three solutions to best support the mental health needs of students at UniversityA. Although the human and financial resources needed to implement solution three were quite high, the impact of having a specialized counsellor at UniversityA addresses the equity and access issues that are important to stakeholders. Only solution four encourages students, staff, and faculty to all be active participants in supporting the mental health needs of students, while also prioritizing the needs of marginalized and Indigenous students. Although there are challenges associated with each solution, the combination of all three solutions provides an opportunity for all stakeholders to be involved in supporting the mental health needs of UniversityA students. To further address solution four, leadership ethics will need to be considered, which will be explored in the next section.

Leadership Ethics and Organizational Change

When implementing organizational change at UniversityA, it is important that change leaders display both strong leadership skills and a strong ethical character. An ethical leader cares about those around them, which is an important attribute for individuals who work in post-secondary health and wellness centres (Brown & Trevino, 2006). Ethical leaders are often seen to act with honesty, fairness, and integrity, and in so doing, they command respect (Brown, Trevino, & Harrison, 2005). Ultimately, to be a transformational leader at University, leaders must behave ethically (Trevino, Brown & Hartman, 2003). This section will explore transformational and ethical leadership, ethics and student affairs, ethics and mental health, and giving voice to values.

Transformational and ethical leadership. To foster positive change at UniversityA, it is important to combine transformational leadership with ethical leadership, as both leadership styles aim to make leaders more ethical while impacting those at UniversityA (Anderson & Sun, 2017). Additionally, "transformational leaders who are morally and ethically strong inspire a positive culture and attain positive outcomes" (Jambawo, 2018, p. 1000). To foster changes at organizations like UniversityA, leaders should display ethical behaviour, meaning that to be a transformational leader, one must also practice the principles of ethical leadership (Jambawo, 2018).

Ethics and student affairs. Ethical principles within student affairs units "should guide the behaviors of professionals in everyday practice and provide consistent guidelines for decision-making" (American College Personnel Association, 2006. p. 1). When student affairs "professionals act in accordance with ethical principles, program quality and excellence are enhanced and ultimately students are better served" (Wells, 2015, p. 3). Student affairs

professionals "should strive to develop the virtues, or habits of behavior, that are characteristic of people in helping professions" (American College Personnel Association, 2006. p. 1). As a senior, non-academic leader in student affairs at UniversityA, I focus on ethical principles that guide my work supporting students, and they include "autonomy, non-malfeasance, beneficence, justice, fidelity, veracity, and affiliation" (Wells, 2015, p. 3).

Ethics and mental health. Strong leadership is important at UniversityA due to the changing landscape of student mental health, and "strong leadership based on ethical and transformational leadership theories is required" to address those changes (Jambawo, 2018, p. 1000). Increased attention to ethical issues should be under constant review to ensure ethical standards are met. Specific attention should be given to campus-wide policies, including the "structure of services, confidentiality, parental notification guidelines, and provider-patient relationships" (Guina & Kay, 2012, p. 7). Ethical policies for students seeking mental health supports should consider the best interests of students to ensure they feel respected and supported (Guina & Kay, 2012).

As a leader at UniversityA, it is critical to acknowledge the ethical practices when implementing the proposed solution, including principles that focuses on peer-to-peer education. Personal integrity and compassion for peers at UniversityA "will ensure that the relationship is grounded in ethical and trustworthy attitudes and actions, including an unwavering support of the personal growth of the peer" (Sunderland & Mishkin, 2013. p. 24). To adequately provide peer support, training guidelines must be followed, and this includes the education of the values, ethics, and principles of peer support such as dignity, respect, and social inclusion (Perez et al., 2014). Peer leaders must exhibit integrity, authenticity, and trust, while also acknowledging and

honouring confidentiality, reliability, and ethical behaviour in student interactions (Sunderland & Mishkin, 2013).

Giving voice to values and mental health. When exploring change at UniversityA, the utilization of the Giving Voice to Values (GVV) model will be utilized to focus on the ethical implications of organizational change (Cawsey et al., 2016). Unfortunately, an underlying challenge in some change situations is that individual behaviour is not properly managed in change situations (Cawsey et al., 2016). At UniversityA, there is the possibility of resistance to individuals facilitating change and the proposed PoP and OIP. The GVV model prepares stakeholders to expect conflicts and provides them with the tools to address wrongdoing (Cawsey et al., 2016). Figure 8 outlines the GVV model, which focuses on providing stakeholders with the skills to respond to people and situations that contradict a person's values (Cawsey et al., 2016).

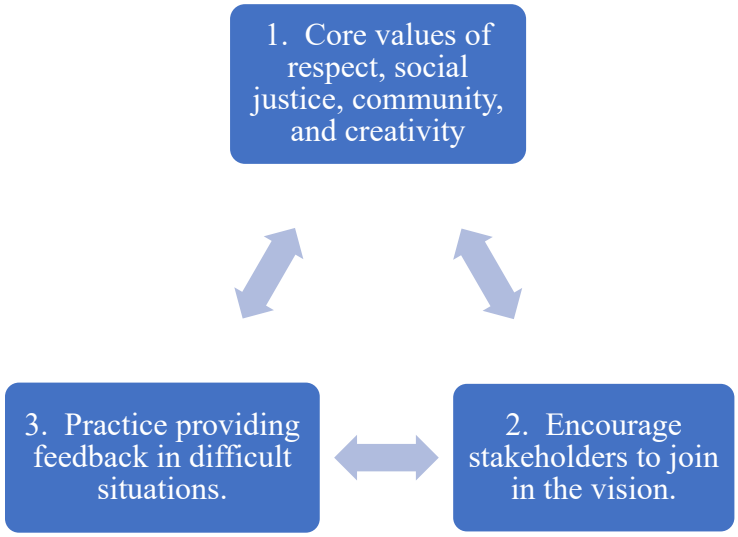

Figure 8. Giving Voices to Values and Mental Health Change.

The GVV model in Figure 8 consists of three processes that individuals need to address when advocating for change: (1) the clarification and articulation of one's values; (2) post-decision making analysis and implementation plan; and (3) the practice of speaking one's values

and receiving feedback (Cawsey et al., 2016). This section will continue to explore the GVV model by reviewing each stage in more depth.

Core values. In the first stage, participants are required to "articulate their values and the impact of acting on those values" (Cawsey et al., 2016, p. 49). At UniversityA, this would be an important exercise to conduct with all stakeholders participating in the OIP. At this stage, stakeholders make their implicit principles public to others, which is an important step in bringing about change (Cawsey et al., 2016). In the personal leadership statement in chapter 1, the core values listed were trust, respect, social justice, community, and creativity.

Stakeholders. In the second stage, participants are required to "examine case studies of protagonists who have been clear about their values and have effectively voiced their principles in difficult situations" (Cawsey et al., 2016, p. 49). This stage is an opportunity for stakeholder analysis, which is a chance to understand and address certain stakeholders, including potential protagonists (Cawsey et al., 2016). It is also an opportunity to encourage stakeholders to join the vision of the organizational change (Cawsey et al., 2016). At UniversityA, this is an opportunity for change leaders to understand the values of all stakeholders and use trade-offs and influence to try to convince others of the benefits of implementing the proposed solution to address mental health supports and services.

Feedback. The third stage provides an opportunity for change leaders to pre-script their messaging, which helps them practice communicating their individual values. For this stage, "participants write out a script, speak the script in front of another participant and receive feedback from a third participant who acts as a peer coach to the participant who is articulating the script" (Cawsey et al., 2016, p. 50). As a change leader at UniversityA, having the opportunity to practice delivering a script will provide me with the opportunity to articulate my

values as they relate to discussing the proposed PoP and OIP. It will also allow me to better communicate the need for organizational change (Cawsey et al., 2016).

Overall, the GVV model is an important tool when addressing ethics and organizational change as it prepares individuals for stakeholders' conflict and helps to address that conflict and encourage organizational change. At UniversityA, the proposed PoP and OIP affects numerous stakeholders, which means there will be a variety of differing values that need to be addressed and explored related to how people feel about the proposed change. By articulating those values, analyzing how stakeholders can work together, and receiving feedback about those values, UniversityA will be better equipped to implement ethical change with the support of stakeholders on the campus.

Conclusion

In chapter 2, different leadership approaches were explored to support both the proposed PoP and OIP, including transformational, servant, adaptive, and distributed leadership. While also utilizing a social justice lens, all four approaches were explored throughout the chapter. The Change Path Model is the model that will be used to lead change at UniversityA, and the Plan-Do-Study-Act (PDSA) model was used to review each proposed solution.

In chapter 2, four possible solutions were proposed: (1) implement a comprehensive peer-to-peer education and support group linked with clinical supervision; (2) create a faculty and staff professional development program that provides tools and resources for addressing student mental health; (3) provide specialized diversity-related counselling and support for marginalized and Indigenous students; and (4) implement all three of the aforementioned solutions at UniversityA. Solution four was selected as the most ideal solution to address the PoP. This solution involves the implementation of a comprehensive peer-to-peer education and support

group linked with clinical supervision, the creation of a faculty and staff professional development program that provides tools and resources for addressing student mental health, and the provision of specialized diversity-related counselling and support for marginalized and Indigenous students. This proposed solution will be further explored in chapter 3.

Chapter 3: Implementation, Evaluation, and Communication

This chapter will continue to discuss the change implementation plan, exploring evaluation, monitoring, and the plan to communicate change. This chapter will include a change implementation timeline, challenges anticipated when implementing change, and a focus on persuasive communication, active participation, and management of information. Lastly, this chapter will conclude by exploring next steps and future considerations.

The goals and priorities of the proposed change will reinforce the importance of ensuring that students understand where and how to access mental health services, that stakeholders believe the campus environment where they work is supportive of students with mental health needs, and that staff and faculty have the knowledge and resources to support and respond to students in distress (Sontag- Padilla et al., 2016). The goal of this change implementation plan involves establishing strong monitoring and evaluating processes for the change and ensuring there is a comprehensive change implementation timeline. The priority of this change implementation process involves creating a detailed communication plan where all stakeholders are engaged and supported throughout the process.

For this OIP, the change implementation team will include four staff members from the student affairs department, two staff members from the health and wellness centre, and four student leaders from the undergraduate and graduate student unions. My role as a change leader will be to organize and lead the change implementation team and ensure that the change path model is being utilized throughout all stages of the change implementation plan timeline. The change implementation plan will take 36 months to plan and implement, with a transition from the current state to the envisioned stage, as described in Table 6.

Table 6

Current State to Envisioned State

Current State:	**Envisioned State:**
The mental health clinical needs of students at UniversityA are being addressed by traditional supports and services such as doctors, nurses, and counsellors.	To complement the already existing mental health supports and services at UniversityA, the envisioned state offers more non-traditional approaches, such as peer-to-peer education, staff and faculty engagement, and specialized counselling approaches.

Table 6 outlines the current state of mental health supports and services at UniversityA, which includes a focus on traditional supports and services such as doctors, nurses, and counsellors. The envisioned state involves the implementation of the proposed solution, which includes a comprehensive peer-to-peer education and support program linked with clinical supervision, a faculty and staff professional development program that provides tools and resources for addressing student mental health, and specialized diversity-related counselling and support for marginalized and Indigenous students. Currently at UniversityA, there is no peer-to-peer education program, little professional development opportunities for faculty and staff related to addressing mental health, and no specialized counselling that focuses on marginalized and Indigenous students. Although students are currently accessing some services in the current state at UniversityA, the development of new and innovative supports and services will provide more opportunity to access supports and meet the growing mental health needs of students.

Before addressing the proposed change at UniversityA, the change implementation team needs to ensure that the change vision is achievable, and that the goals are specific, measurable, assignable, realistic, and time-related (SMART) (Doran, 1981). Table 7 outlines the SMART goals related to the proposed change for this OIP.

Table 7

Smart Goals

Goals:	Description:	Impact on OIP:
Specific:	A goal is specific when it targets a specific area for improvement (Doran, 1981).	The goal of this OIP is to implement the proposed solution related to mental health supports and services at UniversityA.
Measurable:	A goal is measurable if it is quantifiable and/or suggests an indicator of progress (Doran, 1981).	During the change implementation plan, the success of the proposed changes will be measured by feedback in the form of internal and external surveys and stakeholder focus groups.
Assignable:	There should be an individual or group who will accomplish the goal (Doran, 1981).	Considering mental health supports and services are already offered at UniversityA, and students, staff and faculty are currently engaged, the addition of more non-traditional supports and services are assignable to those same groups.
Realistic:	There should be a realistic chance that the results can be achieved, given the available resources (Doran, 1981).	UniversityA is committed to creating an environment where students can be successful, and that is achieved by creating a healthy campus. With this commitment, the implementation of new supports and services is realistic at UniversityA.
Time-related:	Goals must be time-related, outlining when the results can be achieved (Doran, 1981).	Based on the change implementation plan utilizing the change path model, this change should take approximately 36 months.

The proposed solution for change at UniversityA aligns with the SMART goals outlined in Table 7. As a servant leader, my role is to help stakeholders meet their goals and overcome challenges by outlining how the SMART goals align with the proposed solution (Trastek et al., 2014). The proposed change specifically outlines three aspects (peer-to-peer support, staff and faculty professional development, and specialized counselling), while being measured through feedback surveys, and internal and external data. Each aspect of the proposed solution can be assigned to a different stakeholder group, and UniversityA is committed to creating a campus

culture where health and wellness goals are realistically achieved over the course of 36 months throughout the change implementation plan.

Change Implementation Plan

In this section, the Change Path Model will be used to outline the stages and timelines for the change implementation, and stakeholders' reactions to change will be explored. A review of the supports and resources needed for change will also be proposed. Lastly, the OIP will identify and address potential issues involved in implementing the proposed change at UniversityA.

In chapter 2, three frameworks for leading the change process where proposed, including Lewin's Theory of Change, the Plan, Do, Study, and Act (PDSA) Model, and the Change Path Model. When considering the appropriate change implementation plan, this OIP will utilize the Change Path Model, and the timelines and expectations for each phase has been outlined in Table 8.

Table 8

Change Implementation Timeline

Phase:	**Timeline:**	**Actions:**
Awakening Phase	May to August (the spring/summer term, year 1) and September to December (fall term, year one).	Internal and external environmental scans; Internal surveys to stakeholders; Utilization of existing surveys.
Mobilization Phase	January – April (winter term, year 1) and May – August (spring/summer term, year two).	Development of a gap analysis; Engage stakeholders through focus groups.
Acceleration Phase	September – December (fall term, year two) and January – April (year two).	The change implementation team will develop frameworks for implementation and communication for each of the proposed solutions.
Institutionalization Phase	May – August (spring/summer term, year three) and	The monitoring of progress and the assessment of when changes have been

	September – December (fall term, year three).	incorporated. Monitoring and evaluation will continue after this phase.

Table 8 captures the timeline related to the change implementation plan and each phase of the Change Plan Model. Each phase of the change implementation timeline corresponds with the academic terms of UniversityA over a period of three years. The awakening, mobilization, acceleration, and institutionalization phases and their corresponding timelines and actions will be explained in more detail throughout this section.

Awakening phase. The change implementation plan will coincide with the academic terms, which consist of four months/term at UniversityA. The awakening phase will take place during the spring term, which is May to August (year one), and the fall term, which is September to December (year one). As stated in chapter 2, starting in May, the awakening phase will involve leaders scanning their external and internal environments to understand the reasons for and against an organizational shift (Cawsey et al., 2016). In September, an internal survey will be sent to students, staff, and faculty asking them to comment on the current state of mental health offerings, while also acquiring feedback on the proposed solution. The information provided by the surveys will outline the gaps in providing mental health service and be used to create a sense of urgency for change at UniversityA. To further support this survey and the proposed changes, information taken from the National College Health Assessment (NCHA) survey, which is a survey that UniversityA participates in, will be used to reinforce the need for the proposed solution.

Mobilization phase. Based on the information provided by the internal and external surveys, what needs to change and the vision for change will be further developed by the change implementation team by engaging others in the mobilization phase. A gap analysis will be

developed to explore the differences between where the organization presently is and where it needs to go (Cawsey et al., 2016). With students arriving on campus for the winter semester (January – April of year one), the student affairs team will hold three, half day student focus groups, involving randomly invited student leaders, representing each academic discipline and each academic year of study. During the spring and summer terms (May – August, year two) staff and faculty will be invited to similar focus groups, but they will occur during regular staff and faculty meetings. The workshops will focus on the "stop, start, continue" exercise. The change implementation team will use the exercise to solicit feedback from stakeholders regarding peer-to-peer education, staff and faculty professional development, and specialized counselling. For each of these stakeholder groups, responses will be collected by the student affairs team and used to help shape the direction moving into the acceleration phase.

Acceleration phase. In September of year two, UniversityA will begin the acceleration phase, which will involve action planning and implementation of the proposed change while ensuring that the appropriate tools are deployed to manage the plan, build momentum, and manage the transition (Cawsey et al., 2016). The change implementation team will meet to begin developing frameworks for implementation and communication for the proposed solution. The student wellness team will begin developing the framework, proposed budget, and terms of reference for the peer-to-peer education group. The student affairs team will work with staff directors, academic deans, and UniversityA's online teaching and development office to create a staff and faculty professional development program, and the student affairs team will also work with Human Resources to create job descriptions for the specialized counsellors. As this phase involves implementation, the change can be challenging for some stakeholders, so celebrating small achievements like creating a peer-to-peer educator job profile and finding space for the

educators will be important for creating momentum to continue moving forward with the change implementation plan. The acceleration phase will last for eight months, including the fall and winter terms of year two.

Institutionalization phase. The institutionalization phase will begin after 24 months and will coincide with the end of the academic term in April of year two. After 24 months of implementation during the awakening, mobilization, and acceleration phases, this phase will involve the transition to the desired state of change (Figure 8), and will overlap with the monitoring of progress and evaluation of the changes that have been incorporated (Cawsey et al., 2016). By using the Change Path Model to implement change at UniversityA, this OIP can support an environment where students who have persistent health needs should be able to attend university and should have the opportunity to access supports and services that fit their needs (Perez et al., 2014). Additionally, improvements in mental health service leads to greater success and possible retention of post-secondary students, meaning that innovative programs and services should be implemented to improve the mental health of students at UniversityA (CACUSS & CMHA, 2013).

Understanding stakeholders' reactions to change. The stakeholders who may perceive themselves to be most negatively impacted by this OIP and the potential change at UniversityA are staff and faculty members. Their roles will be affected by the addition of peer-to-peer education groups, who they will have to supervise, and the student peer educators may be perceived as taking work away from current health care providers. In addition, the creation of new counselling roles may also be perceived as taking work away from current health care providers. Understanding how each stakeholder will react to the proposed change – and the

effect on the culture of the institution – will be critical to understand throughout the change implementation plan.

At UniversityA, if the stakeholders most impacted by change accept that "addressing the mental health challenges facing young people requires altering prevailing norms, one must accept the implication that a better understanding of what constitutes culture change is needed" (McLeigh & Melton, 2015, p. 2). Addressing these challenges requires addressing the organizational culture at UniversityA, which has longstanding traditions and norms (McLeigh & Melton, 2015). Supports need to be provided to students, staff, and faculty who are struggling with change to help them understand that their feelings are acceptable, and that support is available (Perez et al., 2014).

To address negative perceptions and move the change process forward at UniversityA, the change implementation team needs to listen, communicate, and develop strong relationships with stakeholders. It will be important for the change leader and change team to display aspects of adaptive leadership, meaning that when they are faced with challenges, they may need to change or adopt a new approach (Johnson-Kanda & Yawson, 2018). Although each stakeholder group may require a different approach when addressing negative perceptions, for all stakeholders involved in this change, the change leader needs to (1) identify those stakeholders that hold negative views and perceptions; (2) provide them with an opportunity to share their concerns and ensure they feel heard; (3) meet with them individually; and (4) determine why they are resistant or hold negative reactions (Codella, 2018). From the perspective of the change leader, a successful change process is best supported by listening to all stakeholders and striving to meet their needs, whether they are difficult or not, and ensure they are feeling heard, valued, and appreciated (Codella, 2018).

Individuals that will empower others. To implement this change plan, the change implementation team will be utilized to engage and empower others to foster cultural change. Using transformational leadership to implement the change plan is critical and will impact the commitment of stakeholders to change by "inspiring a vision, empowering and stimulating followers, and tending to followers' needs" (Herold, Fedor, Caldwell, & Lui, 2008, p. 349). Servant leadership also focuses on trust and empowering others (Trastek et al., 2014). It is important that UniversityA empower students to "participate actively in maintaining their well-being as well as addressing mental health issues" (CACUSS & CHMA, 2013, p. 7). Through this effort, a baseline can be set to help students navigate their mental health challenges (CACUSS & CHMA, 2013).

Although a variety of stakeholder groups will be involved in the feedback process, student feedback will be the most important aspect in shaping the actual change implementation plan and the proposed solution, as they are the consumers of all the mental health supports being provided. As stated earlier, students will be engaged through traditional methods of surveys and focus groups (Sontag-Padilla, 2016). Surveys and focus groups will be utilized until at least a minimum of 20 percent of the student population has provided feedback on the proposed change.

To increase student feedback, more innovative tools may need to be implemented and some post-secondary institutions are using mediums such as Videovoice health promotion to encourage stakeholder feedback, as students may be more willing to use videography than online feedback forms to advocate for change (Catalani et al., 2012). Another tool for students to identify the need for cultural change is a project like *Unleash the Noise 2013*, a student-led national student mental health summit that "inspired and empowered students to change the way they think about mental health" (Giamos et al., 2017, p. 122). This type of student organized

event "acknowledges that students themselves are the best ones to explore their culture and articulate their needs" (Giamos et al., 2017, p. 122).

Supports and resources. To best support the change implementation plan and proposed changes at UniversityA, supports and resources will be needed to address and implement that change. Table 9 examines the resources needed for the change implementation plan.

Table 9

Supports and Resources Needed for Change Implementation Plan

Supports & Resources:	**Impact:**
Time:	The change implementation plan will take approximately 36 months. Members of the change implementation team will be expected to dedicate three to five hours/week to the change process during each phase of the change path model. During the first eight months, students will need to dedicate time to completing the survey and attending focus groups. During the first eight months, staff and faculty will need to dedicate time to completing the survey. Each term, staff and faculty will dedicate time during their regularly scheduled meetings to provide feedback on the change implementation plan.
Human:	Although staff and faculty will be responsible for continuing their day-to-day tasks at UniversityA, members of the change implementation team will be expected to dedicate additional time towards the phases of Change Path Model.
Financial:	There are two areas related to finances that need to be addressed during the change implementation plan: • Funding in-kind (i.e., lost time from staff and faculty due to addressing the change implementation plan) will need to be dedicated to the change implementation plan, and • Funding for assessment, surveys, and collecting and organizing data that can be shared with the change teams.

Table 9 explores the support and resources needed for the change implementation plan, and it involves considerable time dedicated by the change implementation team and stakeholders at UniversityA. The total change process will take 36 months, with the change implementation team members needing to dedicate three to five hours a week during each phase of the Change

Path Model. Financially, UniversityA will experience a financial loss due to staff and faculty dedicating work hours to the change implementation plan. UniversityA will also need to find additional financial resources for assessment, surveys, and collecting and organizing data.

Identifying and addressing potential issues. To support a successful change process, the change implementation team will need to continually gather perspectives of the stakeholders involved in the implementation of the proposed change at UniversityA. For this OIP, the potential implementation issues include not listening to students, pushback from staff and faculty, and the lack of understanding of diversity issues. To address these issues, it will be important to (1) listen to the needs of students; (2) proactively engage staff and faculty; and (3) educate the UniversityA community regarding issues of diversity and equity.

Listening to students. One of the most important qualities of servant leadership is listening (Trastek et al., 2014), and it is critically important that students have the opportunity to provide feedback on program planning related to the mental health services that they will be utilizing (Perez et al., 2014). Peer-to-peer engagement and listening to students' perceptions of mental health can lead to additional learning and can also achieve broader goals in changing an institution's framework for addressing mental illness (O'Hagan, Cyr, McKee, & Priest, 2010). To ensure that students feel included, there needs to be ongoing professional development opportunities for staff and faculty to encourage them to work collaboratively with students and to listen to the needs and feedback of those receiving mental health support and care (O'Hagan et al., 2010).

Engaging staff and faculty. To successfully implement this change plan, it is important that both staff and faculty are engaged throughout the entire change process. For many staff and faculty, the dilemma of supporting the mental health needs of students is that there are more

requests for services and supports, and they are also more complicated (Farr, 2018). This is why it is important that staff and faculty are engaged in the change process, as this change will create opportunities for them to have the knowledge and resources to best support students. Students on campuses where faculty and staff reported having adequate resources to support students with mental health problems were also significantly more likely to use mental health services and supports on campus (Sontag- Padilla et al., 2016).

Education related to issues of diversity. Before implementing diversity-related solutions (e.g., counselling) to address the needs of students at UniversityA, research, evidence, and student feedback needs to be provided to reinforce the need for change. Understanding why social justice and equity matter as it relates to mental health can be a challenge for some stakeholders. By creating awareness about the social and historical context of social injustice, stakeholders at UniversityA can continue to learn about the programs and services that are needed to address the overall wellbeing of students (Ayala, Hage, & Wilcox, 2011). It will be critical to provide stakeholders with research that outlines how preventive interventions and programs are important avenues for promoting social justice and reducing inequalities at UniversityA (Ayala, Hage, & Wilcox, 2011).

Students with diversity-related needs may have had "negative experiences with traditional counseling or health services in the past, and may be reluctant to engage with these services again, underscoring the need for sincere outreach efforts on the behalf of health and counseling services" (Perez et al., 2014, p. 53). Ensuring that stakeholders have the knowledge related to why change is necessary as it relates to issues of diversity is important when gaining support to implement change at UniversityA.

Identifying short, medium, & long-term goals. While referencing the stages of the Change Path Model, Table 10 outlines the short-term, medium-term, and long-term goals related to the change implementation plan for this OIP.

Table 10

Short, Medium, and Long-Term Goals Related to Change Plan

Timeline:	**Goals:**
Short-term: (awakening phase)	The creation of the change implementation team. The collection and analysis of survey data (both internal and external) and the dissemination of the results.
Medium-term: (mobilization and acceleration phase)	Facilitation of focus groups for students, staff, and faculty. Using the feedback provided by focus groups, the change implementation team will develop strategies for implementation and communication. Work with members of UniversityA to implement proposed solution for September (fall term).
Long-term: (institutionalization phase)	After implementation of the proposed solution, policies and procedures should be regularly reviewed to ensure that they provide safe and effective supports and services as students' needs change over time. (Perez et al., 2014).

Table 10 aligns goals related to the change plan with the Change Path Model. The short-term goals, in the awakening phase, involve the creation of the change implementation team and the collection and dissemination of data. Medium-term goals are explored in both the mobilization and acceleration phases and involves working with focus groups and stakeholders and the implementation of the proposed solution. Lastly, the long-term goals within the institutionalization phase involve the continued review of the proposed solution to ensure it is meeting the needs of students at UniversityA.

Limitations. Any proposed changes on post-secondary campuses have limitations, as campus cultures and processes have existed for many years and have been entrenched in the culture of how institutions historically operate (McLeigh & Melton, 2015). Although there are

many opportunities to improve mental health services at post-secondary institutions in Canada, factors like insufficient funding often prevents the creation of innovative programs. Unfortunately, policies, cultural norms and funding have not caught up with student needs, and all of these factors have implications for affecting change related to mental health services and supports at UniversityA (McLeigh & Melton, 2015).

In summary, the change implementation plan section detailed a 36-month implementation plan coinciding with the awakening, mobilization, acceleration, and institutionalization phases of the Change Path Model. By identifying and addressing potential issues, this OIP outlined that it would be necessary to listen to the needs of students, proactively engage staff and faculty, and educate the UniversityA community regarding issues of diversity and equity. This OIP also identified the short, medium and long-term goals of the change implementation, while acknowledging that policies, cultural norms, and funding may be factors that limit the ability to implement change at UniversityA. In the next section, this OIP will explore the monitoring and evaluation of the change process.

Change Process Monitoring and Evaluation

The monitoring and evaluation section will explore the systems change model, the change evaluation team, and the process involved when planning the evaluation. This section will also include information related to collecting data, and how the change implementation team will be comparing baseline and follow-up data. Lastly, a timeline for monitoring and evaluating the change process will be proposed.

Monitoring and evaluating in the PDSA model. By incorporating the PDSA models for peer-to-peer education (Figure 5), a staff and faculty professional development program (Figure 6), and providing marginalized and Indigenous (i.e., specialized) counsellors (Figure 7),

a new PDSA model (Figure 9) has been created to reflect the proposed solution. This PDSA can be seen in Figure 9 below.

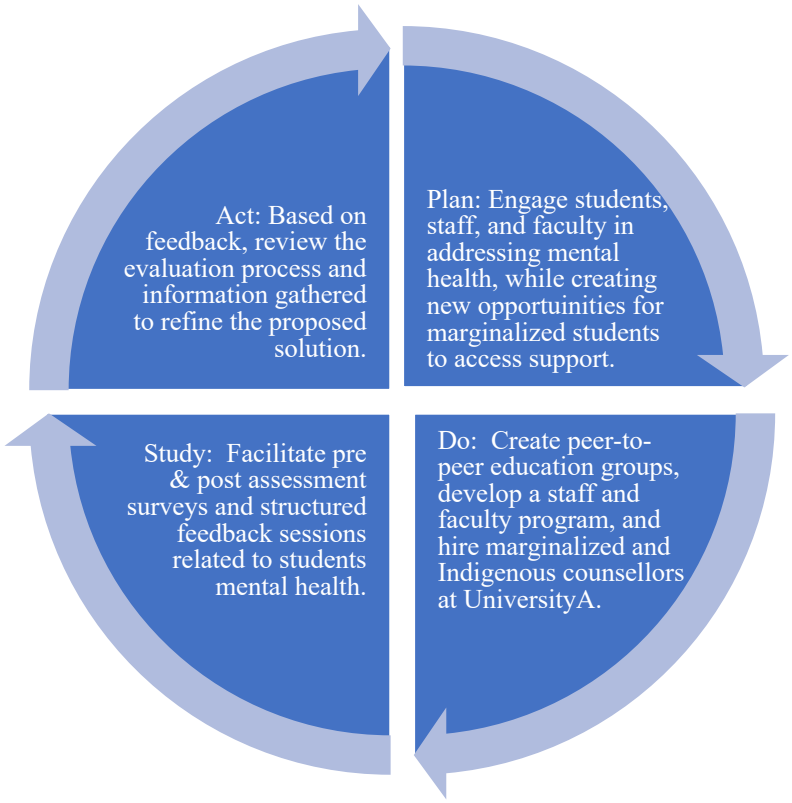

Figure 9. Monitoring and Evaluating Change (PDSA Model).

This section will explore the PDSA model outlined in Figure 9 related to the proposed solution. The proposed solution is articulated in the plan stage, and involves information connected to the do, study, and act phases as it relates to monitoring and evaluating change. In the study phase, a system change model will be used to evaluate the proposed solution and will be facilitated by a change evaluation team. In the act phase, the change evaluation team will work with the change implementation team to explore the effects of the proposed solution and determine if it should be changed, refined, or continued to be offered at UniversityA.

Leadership approach. In chapter 2, four leadership approaches were explored to support the proposed solutions and OIP, including transformational leadership, servant

leadership, adaptive, and distributed leadership. To best support the proposed solution and OIP, those same four leadership approaches were used for implementing the change in chapter 3, and a focus on adaptive leadership will be utilized throughout the monitoring and evaluation stages at UniversityA. Adaptive leaders should focus on mobilizing people to address challenges in organizations and help to build the organization's capacity to develop new processes that will continually empower organizations like UniversityA to be innovative (Santos, 2017). As an adaptive leader, I will also assume the responsibility of leading the change implementation team and change evaluation team as the internal change leader. During the acceleration and institutionalization phases, the change evaluation team (Table 9) will utilize the system change model to continually monitor and evaluate the change implementation at UniversityA.

System change model. Latham (2014) outlines a system change evaluation toolkit, which is a practical, traditional approach to evaluating a change process that emphasizes evaluation questions. For the change implementation plan at UniversityA, this system change model will be utilized in conjunction with the change implementation plan and the Change Path Model. For this OIP, the stages of the system change model's evaluation toolkit that will be used are: (1) planning the evaluation; (2) collecting baseline data and then the follow-up; (3) describing the change between baseline and the follow-up; and (4) analyzing how the proposed solution contributed to change (Latham, 2014).

Using adaptive leadership principles, the change agent needs to manage conflict and address any distress throughout the evaluation process, while ensuring that any "problems that have been identified and the solutions that had been proposed remain in the forefront" (Randall & Coakley, 2006, p. 332). The evaluation of the change implementation plan will be conducted by the change evaluation team. Both teams are outlined in Table 11.

Table 11

Members of Change Teams

Change Team:	**Members:**
Internal Change Agent	Author of OIP (1)
Change Implementation Team	Staff members (4) from the Student Affairs department. Staff members (2) from the Health and Wellness Centre. Student leaders from the undergraduate (2) and graduate (2) student unions. Internal change agent (1).
Change Evaluation Team	Staff member (1) from Student Affairs department. Staff member (1) from Health and Wellness Centre Student leaders from the undergraduate (1) and graduate (1) student unions. Internal change agent (1).

As outlined in Table 11, the change evaluation team will include five individuals, including the internal change agent, one member from Student Affairs, one member from the Health and Wellness Centre, one undergraduate student, and one graduate student. Member of the change evaluation team will also be members of the change implementation team. Facilitating a successful change evaluation team is important for UniversityA, as stakeholders could report to third party evaluators. However, it is important for stakeholders to be fully immersed and engaged in the entire change process, so they can act as both advocates and ambassadors for the proposed change (Latham, 2014).

Planning the evaluation. There are several steps to planning a system change evaluation, which include: (1) deciding where to focus the evaluation, (2) identifying your research questions, and (3) developing a data collection plan (Latham, 2014). System change evaluations can become large without careful prioritization, so it is important to set broad priorities. This can be accomplished by essentially answering the question: "where should we look?", and then identifying a preliminary set of evaluation questions to answer (Latham, 2014).

Utilizing principles of adaptive leadership, the change leader needs to use evaluation to engage stakeholders to become participants in providing the feedback needed to address challenges (Randall & Coakley, 2006). When evaluating change, an adaptive leader needs to create an environment – where tension due to the change may exist - where stakeholders have a secure and safe place to discuss differing thoughts and perspectives (Heifetz, Kania, & Kramer, 2004). At UniversityA, the system change initiative involves many different systems, including health care, staff systems, and faculty systems, but the priority for this evaluation will focus on the improvement of student focused heath care services in the proposed/desired state compared to the initial stage (baseline).

When exploring research questions for the evaluation process, Latham (2014) proposes using two standard research questions that focus on (1) the type and extent of systems change taking place and how the system differs between baseline and the desired state; and (2) how the intervention contributes to a change in the system over time. With this information, the evaluation questions at UniversityA will focus on the following questions: (a) Has the proposed change created increased access to mental health supports and services overall? (b) Are students utilizing the non-traditional resources as a first point of contact compared to traditional, clinical supports? (c) What is the student, staff, and faculty feedback related to peer-to-peer education programs, staff and faculty professional development, and specialized counselling. These research questions are intended to evaluate the final proposed change, and data will be collected through online surveys and in-person feedback focus group sessions facilitated by the change evaluation team during the institutionalization phase.

Collecting data at baseline and follow-up. The change evaluation team will collect data using online surveys and feedback focus group sessions and will be responsible for collecting,

storing, and analyzing the data. Baseline data will be collected prior to the beginning of the institutionalization phase (Jan-April of year two), and the follow-up data will be collected at the between the beginning of the fall term (September) and the end of the winter term (April) while students are in classes. Possible criteria for collecting performance data are "reliability, validity, and timeliness" (Kusek & Rist, 2004, p. 108).

Describing the change between baseline and follow-up. To understand how systems have changed over time at UniversityA, the change evaluation team should have a thorough understanding of what the initial data was and what the change over time over-time looks like (Latham, 2014). For each question, data will be summarized into three categories, as shown in the example in Table 12 (Latham, 2014).

Table 12

Example of Data Collection of Baseline and Follow-up Information

Aspect of Proposed Change	**Baseline Summary**	**Follow-up Summary**	**Summary of Changes**
Peer-to-Peer Education Group	Number of students engaged in peer-to-peer education opportunities before the implementation of the proposed solution.	Number of students engaged in peer-to-peer education opportunities after the implementation of the proposed solution. This data would be collected by recording attendance at education events.	It is hypothesized that the number of students attending educational events facilitated by their peers would increase, as the baseline data was non-existent (as there was not an existing program). A change in attendance could be due to student interest, marketing, etc.

Table 12 shows an example of how the data would be collected and the change described using one aspect of the proposed solution, which is the creation of the peer-to-peer education group solution at UniversityA. The baseline summary is the data collected from the Health and

Wellness Centre prior to the implementation of the proposed change. The follow-up summary is the data collected from surveys, focus groups, and the Health and Wellness Centre after the implementation of the proposed change. The summary of the change outlines the key points between the baseline and follow-up summaries. It will help the change implementation team identify changes in processes and structures, while exploring possible barriers to change experienced by stakeholders throughout the process (Latham, 2014).

Analyzing how the proposed solution contributed to change. After exploring the change between the baseline and follow-up, the change implementation team will explore how the proposed solution has contributed to the changes identified (Lathan, 2014). At this point in the evaluation process, it is important that the change evaluation team work closely with the change implementation team to uncover the story of how the proposed solution is related to the change (Latham, 2014). Using principles of adaptive leadership that focus on the process and not the individual, it will be critical to utilize the "knowledge of all who have a vested interest in moving the organization to a higher level", while providing an opportunity for the change evaluation team to address any challenges found in the evaluation process" (Randall & Coakley, 2006, p. 327). This is a good opportunity to bring together stakeholders to reflect and discuss the findings received from the monitoring and evaluation processes (Latham, 2014).

Monitoring and evaluation timeline. The timeline for monitoring and evaluating will coincide with the acceleration and institution phase of the Change Path Model and will last for approximately 18 months, overlapping with the change implementation plan. This will allow the change implementation team to use the information from the change evaluation team to conduct a comprehensive review of the proposed change and refine and/or adapt those changes for the beginning of a new fall term, which is a direct link to the study phase of the PDSA cycle (Figure

8). Table 13 provides a detailed outline of the proposed timeline for monitoring and evaluating change.

Table 13

Timeline for Monitoring & Evaluating Change (Systems Change Model)

Stage of Systems Change:	**Timeline:**
Planning the evaluation:	The institutionalization phase will be taking place at the start of UniversityA's spring and summer term (May - August) of year three, so planning for evaluation should occur prior to that. The evaluation planning will occur during the months of January – April of year two, coinciding with acceleration phase.
Collecting data at baseline and follow-up:	Baseline data, related to the proposed solution, will be collected prior to the institution phase (March to April of year 2). Follow-up data will be collected during the fall term (September - December) and the winter term (January – April) after the proposed change has been implemented.
Describing the change between baseline and follow-up:	After the data has been collected for both the baseline and follow-up, the change implementation team will explore the change between baseline and follow-up data. This will happen in May and June and will continue to be monitored throughout the academic school year (September to April).
Analyzing how the proposed solutions contributed to change:	The change implementation team will analyze how the proposed solution contributed to change in July and August, with the intent of refining and/or adapting the proposed solution for the start of a new fall term (September).

As outlined in Table 13, the timeline for monitoring and evaluating the change at UniversityA involves four stages over 18 months. Planning for the evaluation will occur during the winter term of January- April of year two, to ensure the evaluation process is ready before the implementation of the proposed changes. While planning for the evaluation, baseline and follow-up data will be collected, and then the change implementation team will explore the change and differences between the baseline and follow-up. The change implementation team

will analyze how the proposed solution contributed to change at UniversityA and refine and/or adapt the proposed solution for the start of a new fall term in September.

Concerns-based adoption model (CBAM). In conjunction with the system change processes that will be occurring to address the change implementation, a concerns-based adoption model (CBAM) will also be utilized by the change evaluation team. The CBAM is "helpful not only in understanding the change process, but in designing strategies" (Khoboli & O'Toole, 2012, p. 141). The levels of change in a CBAM are "awareness, information, personal concerns, management, consequences, collaboration and refocusing" (Khoboli & O'Toole, 2012, p. 140). Each of these levels will be explored in relation to the monitoring and evaluation of the change implementation plan for this OIP.

The awareness stage will focus on stakeholders' concerns related to understanding the innovation and why changes are being proposed (Khoboli & O'Toole, 2012). In the change implementation plan, this level coincides with the awakening and mobilization phases where the change implementation team will conduct internal and external environmental scans. They will facilitate focus groups and facilitate feedback which can be shared with stakeholders. Similarly, the information stage involves helping stakeholders understand the proposed change, which will be achieved through those same focus groups and feedback sessions (Khoboli & O'Toole, 2012).

The personal stage focuses on how the change impacts stakeholders (Khoboli & O'Toole, 2012). The CBAM identifies that a stakeholder's concerns and fears of consequences due to change must be managed appropriately by the change implementation team (Khoboli & O'Toole, 2012). The change implementation team at UniversityA will be tasked with following up with stakeholders expressing concern using a one-on-one meeting approach. Furthermore, in the

process of learning about the change, stakeholders will reach the stage where their concerns shift to management and implementation of the proposed change (Alias & Zainuddin, 2005).

Stakeholders then enter the consequences stage, where the change implementation team will address any consequences and concerns expressed, and by addressing issues, stakeholders will advance to the collaboration stage (Khoboli & O'Toole, 2012). The collaboration stage involves stakeholders working with others to achieve the proposed change (Anderson, 1997). Lastly, the refocusing stage seeks more effective versions of the proposed change for implementation at UniversityA (Khoboli & O'Toole, 2012). Being able to utilize all levels of the CBAM model will benefit UniversityA, as stakeholders will be able to navigate through the stages. Their constructive feedback will produce adaptations of the proposed change that can be implemented to support the mental health and wellbeing of students at UniversityA (Khoboli & O'Toole, 2012).

In summary, the monitoring and evaluation section explored the use of adaptive leadership as the best approach to implement the desired change at UniversityA. By using the principles of adaptive leadership, the change evaluation team can focus on any concerns or problems that arise during the monitoring and evaluation process, modify and adapt based on that feedback, and continue to engage stakeholders to become active participants in the change process (Randall & Coakley, 2006). It also outlined the system change evaluation toolkit, which includes planning the evaluation, collecting data at baseline and follow-up, describing the change between baseline and follow-up, and analyzing how the proposed solution contributed to change. Lastly, the OIP explored the Concerns-Based Adoption Model (CBAM), which focuses on how people respond to change. In the next section, this OIP will explore how to best communicate the entire change process, including the monitoring and evaluation processes, at UniversityA.

Plan to Communicate the Need for Change and the Change Process

UniversityA's organizational change was prompted by strides for greater efficiencies in providing mental health supports and supports for students. To this end, effective communication is essential at all levels to ensure stakeholders remain positive and productive (DuFrene & Lehman, 2014). Stakeholders often perceive periods of change as potential crises, "characterized by specific emotional and cognitive reactions and feelings of insecurity and uncertainty" (Frandsen & Johansen, 2011, p. 353). To address these reactions, this OIP will outline three strategies of communication that will influence the change readiness of stakeholders and build a greater awareness of the need for change, including: (1) persuasive communication; (2) active participation; and (3) management of information (Armenakis, Harris, & Mossholder, 1993). Lastly, the role of the change implementation team will be shared, and a detailed communication plan timeline will be explored using the phases of the Change Path Model.

To ensure successful communication at UniversityA, the change leader will need to ensure that aspects of transformational and servant leadership are evident throughout the communication plan. Both transformational and servant leaders make communication a priority, with transformational leaders positively influencing an organization's internal communication plan using personalized communication techniques with stakeholders (Men, 2014). As mentioned earlier in this OIP, servant leaders are not only great listeners, but they have highly effective powers of persuasion (Schwartz & Tumblin, 2002). Both of these leadership approaches will influence aspects of the communication plan at UniversityA.

Persuasive communication. Persuasive communication can be written communication where the change team is directly communicating the change message (Armenakis & Harris, 2002). Instead of communicating that change is needed because it was a directive from upper

management, the change agent should take a more persuasive approach, outlining why the change will be good for both UniversityA and for all the stakeholders involved (Armenakis & Harris, 2002). Additionally, it is important to clarify the processes of the change, and for this OIP that includes outlining all the phases of the Change Path Model and how stakeholders will be engaged throughout each process (Folger & Konovsky, 1989). The change agent must be able to persuade, justify, and convince stakeholders that the change implementation team will be able to successfully implement the proposed change at UniversityA. Lastly, persuasive communication is often communicated through past examples at UniversityA, like 'we succeeded at a similar change two year ago', which helps show that change is possible and has happened before at UniversityA (Armenakis & Harris, 2002).

Active participation. Armenakis et al. (1993) identified three forms of active participation, including, enactive mastery, which "can be used to prepare a target for change by taking small incremental steps" , and vicarious learning, where "the act of observing others applying new productive techniques enhances one's confidence in adopting the innovation " (p. 690). The third form is active participation, which is "directly involving individuals in activities which are rich in information pertaining to potential discrepancy and efficacy messages" (Armenakis et al., 1993, p. 690). By utilizing active participation, stakeholders can work with the change implementation team to develop a feeling of a teamwork throughout the change process (Armenakis & Harris, 2002).

Management of Information. The management of information refers to using "internal and external sources to provide information regarding the change" (Armenakis & Harris, 2002, p. 172). For this OIP, this would include facilitating internal and external surveys and focus groups during the awakening and mobilization phases. The sources may extend beyond surveys

and focus groups and could include the change implementation team sharing articles about industry trends related to mental health supports and services. It could also include bringing in speakers and/or experts to inform how the proposed change will affect the operations of the organization (Armenakis & Harris, 2002).

Developing an internal communication plan. When developing an internal communication plan, the "content of communication concerns what information is conveyed to employees before, during and after the change initiative, as well as what information is sought from employees during the change" (Goodman & Truss, 2004, p. 219). The change implementation team must determine the information being presented to stakeholders, including what they could know, which could be gossip and rumors (DuFrene & Lehman, 2014). Change messages will travel through UniversityA, with leaders providing the information that is then communicated to stakeholders at UniversityA (Goodman & Truss, 2004).

The change team overseeing the internal communication plan also needs to be aware of issues involving social justice, which include equity and accessibility. The same stakeholders who may not access mental health services at UniversityA may also not have access or understand the communication regarding the changes at UniversityA. It is important that UniversityA offers a variety of different communication avenues, including reaching out to equity-seeking groups on campus to ensure there is appropriate communication (Canadian Mental Health Association, 2014)

Role of the change implementation team and communication. When facilitating change at other organizations, change agents who have successfully implemented change offered the following advice: (1) commit to communicate; (2) be direct; (3) validate fears; (4) share factual information; (5) communicate throughout the change process; (6) make communication

personable; (7) ask for ideas; (8) suggest strategies; and (9) be positive (DuFrene & Lehman, 2014). When implementing this advice, a transformational leader would engage stakeholders in close interactions to ensure two-way communication (Men, 2014). A transformation leader is characterized by empowering the communication of others through open communication, being accessible, and continued discussion (Hackman & Johnson, 2004). For the purpose of this OIP, I have combined some of these best practices and connected it to the change implementation plan for UniversityA.

Communicate, be direct, and validate fears. During periods of change, management often receives concerns from stakeholders, and those individuals with "vested interest in the organization need frequent assurances that change is under control" (DuFrene & Lehman, 2014, p. 444). When the change implementation team is not upfront, stakeholders are likely to feel that the organization is at "fault, uncaring, or blind to the situation" (DuFrene & Lehman, 2014, p. 446). Change leaders must "avoid the tendency to try to soften the blow or explain from your own viewpoint", as fostering honest conversations allows those affected by changes to feel "in the loop rather than fearing the unknown" (DuFrene & Lehman, 2014, p. 446).

Share information and communicate through the process. At UniversityA, change leaders will need to ensure that information about the change process is available to all stakeholders. For the change team, "achieving effective communication is always challenging, but particularly in situations in which people are stressed, worried, and upset" (DuFrene & Lehman, 2014, p. 444). Since stakeholders at UniversityA will want to be informed, "timely and sensitive messages delivered in a sincere personal manner can go far in assuaging fears and building a sense of optimism" (DuFrene & Lehman, 2014, p. 444). The change implementation

team should be the first source for information related to change, rather than stakeholders relying on external sources for updates (Dodd, 2013).

Be personable, ask for ideas, suggest strategies and be positive. At UniversityA, the change team needs to be compassionate towards stakeholders' feelings and reactions, as "employees may demonize and blame those leading the change with whom they have little connection" (DuFrene & Lehman, 2014, p. 446). The change implementation team needs to "build relationships through personalized, open exchange and recognize dedicated contributions" (DuFrene & Lehman, 2014, p. 447). As a leader at UniversityA, my ability to use communication to build strong relationships with stakeholders is important. During times of change, "employees want to see and talk to their leaders" (DuFrene & Lehman, 2014, p. 445). This highlights the need for change leaders as UniversityA to reinforce face-to-face time with stakeholders, and to engage individuals in personalized and informal conversations.

Communication plan timeline. Overall, communication of the change implementation plan will be delivered to a variety of stakeholders. The communication plan timeline corresponds with the phases of the Change Path Model. Table 14 outlines the timeline dates, the corresponding phase of the Change Path Model, the strategy of communication, and the stakeholder involved.

Table 14

Communication Plan Timeline

Date:	**Phase & Plan**	**Strategy of Communication**	**Stakeholder(s)**
Year 1: May to August	Awakening Phase. Communication of change implementation team.	Campus wide emails, social media updates, and face-to-face meetings.	Students, staff and faculty members.

	Presentations of initial vision, plan for change, and proposed changes.		
Year 1: September to December	Awakening Phase. Invitation for student to participate in internal surveys related to the proposed changes.	Student emails, social media updates, (which identify that surveys are available in high-traffic student areas), and face-to-face meetings.	Students.
Year 1: January to April & May to August.	Mobilization Phase. Invitation for students, staff, and faculty to participate in focus groups related to the proposed changes. Opportunity for stakeholders to provide feedback related to the proposed changes	Campus wide emails, social media updates, and face-to-face meetings.	Students, staff, and faculty members.
Year 2: September to December & January to April.	Acceleration Phase. Information provided to the campus community regarding each proposed change and the framework for moving the change forward.	Campus wide emails, social media, and town hall style meetings.	Students, staff, and faculty members.
Year 3: May to August & September to December	Institutionalization Phase. Information provided to campus community related to the implementation of proposed changes and how to access the services on campus (i.e., peer education). Opportunity for feedback and assessment of changes.	Campus wide emails, social media campaigns, and New signage on campus that will direct stakeholders to changes. Information will be provided to stakeholders to share at meetings, including town hall style meetings.	Students, staff, and faculty.

Table 14 provides an overview of the communication plan timeline breakdown that includes the phases and plans for communication, the strategy of the communication, and the stakeholders impacted. At each stage of the communication plan timeline, it is critical that the change implementation team reflect on the nine strategies and ensure that at each stage the team is sharing information, continually communicating the change process, making communication personable, and maintaining a positive attitude. As seen in Table 14, communication will be provided via different mediums, focusing on engaging all stakeholders through campus-wide emails, social media campaigns, face-to-face interactions and town hall style meetings. This communication strategy should help inform all stakeholders at UniversityA, while still providing opportunities for feedback to continually explore next steps and future change considerations.

Next Steps and Future Considerations

The implementation of the proposed change at UniversityA is the first step in providing additional mental health supports and services to post-secondary students. With the successful implementation of the proposed solution, which includes peer-to-peer education, staff and faculty professional development, and the introduction of diversity-related counselling, UniversityA can introduce more innovative ways to provide mental health supports and services. Building off the momentum of this OIP, it will be critical to address funding challenges, the changing demographics of post-secondary students, and a whole-community support model to ensure that the mental health of students continues to be supported on all post-secondary campuses.

Funding. The implementation of new programs and services requires funding, and it is critical that the provincial government (Ontario) provide access to funding to support the research needed to explore new and effective mental health strategies (Council of Ontario

Universities, 2017). Furthermore, the government of Ontario should explore additional funding for universities and colleges and "community-based pilots of innovative mental health strategies" (Beckett et al., 2018, p. 2). Although post-secondary students should continue to access traditional forms of mental health services and supports on post-secondary campuses, more funding needs to be provided to develop innovative, non-traditional programs that will allow more students to access the programs they need to be safe and healthy.

Changing demographics of students. As the demographics of students change on post-secondary campuses, so should the way that post-secondary institutions offer services and how we explore issues of social justice such as equity and accessibility. This could include more services and supports being offered online, which would allow students greater access to mental health services and supports. As more students decide to take online programs and classes, it is "essential that services are accessible to all students, regardless of how far they may be located from their home campus" (Council of Ontario Universities, 2017, p. 4). The province should invest in mental health apps (Beckett et al., 2018) and "an online referral system containing a comprehensive and updated list of community mental health resources and their specializations for students seeking support" (Council of Ontario Universities, 2017, p. 5). When exploring technology and way to enhance mental health service delivery, "text-messaging continues to be the most prominent means of communication for students" (Beckett et al., 2018, p. 9). This includes expanding programs like the Good2Talk helpline to incorporate an online messaging platform (Council of Ontario Universities, 2017).

Continued whole-community approach. Although UniversityA would benefit from the implementation of the proposed change to improve the mental health services and supports provided to students, improving student mental health at all post-secondary institutions requires a

"whole of community" approach (Beckett et al., 2018). As the demand for innovative mental health supports and services continues to grow, it is critical to develop an integrated model that can be shared with a variety of institutions to benefit as many students as possible. The whole-community approach to providing mental health services and supports will help to address the needs of post-secondary students on both university and college campuses, including students who would benefit from receiving support in their local communities (Beckett et al., 2018). Additionally, this whole-community approach can be applied to work being done to support mental health services in the community, and components of this change and research could be leveraged for implementation at community organizations.

Conclusion

As stated earlier in chapter 3, the goal of the change implementation team is to support UniversityA's transition from their current state to an envisioned state (Figure 8) by facilitating the implementation of the proposed change. By utilizing the Change Path Model, ensuring the change implementation team understands stakeholder reactions, identifying potential challenges, and continually building momentum at UniversityA, the change implementation team hopes to successfully foster change related to mental health supports and services. The change evaluation team will then utilize a system change model to facilitate monitoring and evaluation of the proposed change. They will also use a concerns-based adoption model (CBAM) to ensure that stakeholders are engaged in providing feedback and are able to have their voices heard regarding the proposed change at UniversityA.

The communication process is important to the overall success of the change implementation at UniversityA, and three strategies of communication will form the foundation of preparing stakeholders for change. Persuasive communication will be utilized to convince

stakeholders that change is necessary through continued communication at each stage of change and through historical examples of positive change (Armenakis et al., 1993). Active participation and management of information will be used to ensure that stakeholders are continually involved in all communications and feeling engaged and heard throughout the entire process (Armenakis et al., 1993).

In the institutionalization phase of the change path model, once the proposed change has been implemented, it will be necessary to communicate the overall results, evaluation, and success and/or challenges related to the change at UniversityA. This communication will need to be facilitated by both the change implementation team and UniversityA's communications and marketing department. It should include an official announcement of the change, a marketing campaign, and personalized communications to all stakeholder groups who either participated in the change or are impacted by the change. This communication strategy should celebrate the change at UniversityA, while still providing an additional avenue for stakeholder feedback to influence potential next steps and future considerations.

OIP Conclusion

The journey of writing this OIP has evolved in a labour of love, and has consumed how I approach leadership, change, and how I envision mental health supports and services at UniversityA. In my role at UniversityA, I continue to meet with students everyday who have significant mental health concerns, and they need UniversityA to provide them with accessible, diverse, and student-focused mental health services and supports. This needs to be a priority at UniversityA, and this OIP has helped support the change needed to better serve our students.

When students enroll at UniversityA, they deserve an environment that supports their academic, personal, and wellness journey, and this OIP has helped to make that student

experience possible. UniversityA's low health and wellness ranking in the MacLean's University Rankings (2019) was one of the catalysts for this OIP, and my role at UniversityA empowered me to address the change directly within the student wellness portfolio. While utilizing transformational leadership, servant leadership, adaptive leadership, distributed leadership, and a social justice lens, I believe I am well-positioned to lead the change implementation plan at UniversityA.

I strongly believe that UniversityA needs to implement innovative approaches to support the diverse mental health needs of students. More specifically, UniversityA needs to engage students, staff and faculty when addressing the mental health of students, while also ensuring that all students have access to the supports and services needed to be successful while at UniversityA. To engage all stakeholders and to create greater access for all students, UniversityA will implement solution four, which includes the implementation of a peer-to-peer education and support group, the development of a faculty and staff professional development program and provide specialized counselling for marginalized and Indigenous students. Although this solution will take approximately 36 months, and numerous resources to implement, the positive outcomes outweigh any potential challenges.

As I finish writing this OIP, we are in the midst of a global pandemic (COVID-19), and the majority of resources at UniversityA have transitioned to online. This has shown us that mental health services and support can thrive online and reinforces the need for more innovative programs and services at all post-secondary institutions. I am confident that this OIP will challenge post-secondary leaders to think creatively about how to best support students, and "through continued innovative thinking, stakeholders can work together to increase access to

timely, community based mental health services that are patient-centred and span the spectrum of care – regardless of geographic location" (Council of Ontario Universities, 2020, p. 8).

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